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PRESIDENT'S ADDRESS.

FIFTY-FOURTH ANNUAL MEETING MICHIGAN STATE MEDICAL SOCIETY HELD IN DETROIT.

ARTHUR M. HUME, M.D.
OWOSSO, MICH.

Members of the Michigan State Medical Society:

Contrary to custom your president will not at this time address you upon any scientific or technical subject. He will not, in fact, address you at all except as he talks to and reasons with you on matters of great importance to us all individually and collectively. He craves your attention with every mind freed from prejudice, jealousy or thought of personal aggrandizement or gain. He asks that you give these matters fair, broad minded, thoughtful consideration followed by decisive action, for upon what *you* think and what *you* do in this crisis depends the weal or woe of the medical profession in Michigan and of you individually as members of that profession.

Technically speaking the horrible world war is probably over, but the whole world and everything therein contained is upside down and everything in confusion. Adjustments will come but most of them will come slowly and conditions, economic, social and even financial will be changed. We shall never readjust to conform to the old order but there will ultimately be worked out a new economic and sociologic life and we must live that life or cease to live at all.

What is the great lesson the war has taught us? That society can only survive through organization—and organization means unity of moral and physical forces—and that those forces must be composed of and directed by human and humane intelligence. It was unity of purpose and action that won the war. It will

require more of unity of purpose and action to readjust and rehabilitate the world and to make it a better world or even one worth living in and for. Individual effort exercised independently and alone will count for but little in profit either to the individual or to the public. The doctors and the lawyers are destined to become collectively a part of the great economic structure of Government as are artisans and industrial workers, but individuality will be lost and they will exist only collectively or as distinct organizations. This is the new order of things—to this order we must adjust ourselves, and he who does not will not materially obstruct the onward march but instead will be trodden under the feet of the advancing army.

Now, what about the Michigan State Medical Society, what it has done, what it has not done and what it has yet to do. We may well be proud of the response of the Doctors of Michigan to the call of our Country. All over the State the best and brainiest men of our profession and of our Society, volunteered for service and Michigan's quota of doctors was always there. Many of them left homes and families that needed their presence but sacrifice was the watch-word and they gave to the limit of themselves and of all that was near and dear to them. A few—and thank God it was only a few—made the supreme sacrifice. Many of those who responded to duty's call have returned and are with us here and many are yet to return. To such we extend not a formal welcome but a warm handclasp with a heartfelt and hearty greeting "God bless you." "Fine work old boy." "Put her there."

The Council of our Society at the Battle Creek meeting more than two years ago undertook to care for the home interests of our men in U. S. service. This was largely a failure, not so much, I believe, from lack of willingness to respond on the part of the members at home, but because the methods were not practical. No annual meeting of the Society was held, and our disorganization commenced, and both sentiment and interest became dormant in

our county societies. As more of the active men in the county societies entered the army service, (and the most active men in organizational work and best Doctors in the community were usually the ones who volunteered for service) the county societies were more and more affected. And today, instead of many live units—the county societies—of which we were composed three years ago our Society has become in its integral parts largely moribund, or at least enjoying “twilight sleep.” I feel confident that I would be at this time presenting to you post mortem findings or at least an obituary committee report of the M.S.M.S. had not a kind providence spared to us all a Moses who, while not possessing supernatural powers and therefore unable to lead us out of the wilderness, has by working almost day and night succeeded in keeping the remnants of the flock together. Last July our able, experienced and energetic Secretary-Editor, Dr. F. C. Warnshuis responded to the call of duty and entered the service. Your President, Chairman of the Council and Chairman of the Publication Committee having had years of experience in medical practice and therefore knowing all about how to run our *Society Journal* undertook to run it. Our strenuous—yea even violent efforts collectively assumed about the ordinary effective activities of the editorial office cat. Our journal would have fallen with the autumn leaves had not Moses appeared, he who for sheer love of the profession and loyalty to the interests of your Society and mine, and without one cent of compensation from any source, has managed well the affairs of the Secretary's office, has kept our journal in the high class of medical journalism of the United States to which it had attained, and has performed the immense amount of tireless labor necessary to the production of our wonderful Victory Number. The man to whom we owe most for the existence of our organization at this time is our Treasurer, Secretary-Editor pro tem, “our Moses,” Dr. D. Emmett Welsh of Grand Rapids.

Now what of the future? United we shall stand, divided we shall fall. Co-operation between men can only come by setting aside one's selfishness and the desire for the attainment of selfish ends, and that is to be the new order of things, whether we assist or obstruct it. Individual co-operation or a unity of moral forces makes organization—and that is our county society. Co-operation and cohesion between our county societies make our State Society. The interests of each are identical and no unit

can long survive disassociated from or antagonistic to the common welfare. Our State Society is war worn and war shattered. We appeal to you as individuals and as county societies to wake up, rub the cobwebs out of your eyes and see things as they are and will be. Quit the mad pursuit after fame and fortune. Make your achievement co-operation with your neighbor instead of sticking the javelin into his back. You may get by him that way, but remember that he has the advantage of your back for a target—and you'll get yours sure as fighting. Do the real decent thing a few times and you'll not only get a deal of satisfaction but you'll get the habit. Go home, get the boys together and have a real live county society meeting, then write the *Journal* about it. Get the other fellow to help you, and do better work in your community. Your people will appreciate that if you will give them a chance. Do your part in making the medical profession a real live factor in the readjustment and rehabilitation of this poor old war worn, battered and shattered, torn and tattered and altogether frazzled world.

MICHIGAN STATE MEDICAL SOCIETY. SECTION ON PUBLIC HEALTH.

SESSION, WEDNESDAY AFTERNOON, MAY 21ST,
AT THE HOTEL TULLER, 2 P. M.
DETROIT, MICH.

(The meeting was called to order by Chairman R. M. Olin).

The Chairman: The meeting will come to order. I might say in passing that I was in hopes that we could get a good attendance so that the State Association would make this a permanent section of the meeting, but something has gone wrong somewhere, along with the rest of the things that have happened to this meeting.

The first paper on the program is “Relationship of the State Board of Health Laboratory to the General Practitioner,” by Dr. C. C. Young.

DR. C. C. YOUNG, (Lansing): Mr. Chairman this cannot be taken as a paper on this particular subject, but I thought that I might outline what we were doing or what we expect to do and rather throw the thing open for criticism and suggestions from the members of this section.

The laboratory of the Michigan State Board of Health has been handicapped as I am in-

formed by not having sufficient funds until recently the legislature has seen fit to re-organize the department, and give Dr. Olin, your chairman a chance to build up the laboratory along with the rest of the work of the department of health, and he hopes to continue the work, to broaden it out and bring it up where it can be of maximum service to every practitioner and every health agency and department.

In connection with a health department there must be an infectious disease laboratory, one dealing with the diagnosis and controlling of infectious diseases, and if the general practitioner will use the laboratory he will furnish a great deal of advance information to the Department of Health and to all departments of health for the control of communicable diseases and will cut down the epidemics.

The foundation of the work deals with tuberculosis, diphtheria and epidemic throat infections in general; pneumonia, venereal disease work, typhoid and the water borne diseases and insect borne diseases, which are in the typhoid group as well, and we hope to be in a position, and will be in a position in the near future to handle anything along that line that the doctor may desire.

Another thing that we can also help out the doctor on is feces work. Remember there is a lot of feces work that should be done. There is a lot of parasite work, intestinal parasite work that is only occasionally done by the general practitioner that we can handle very well. We would like to help out in this work. There is no question but what the intestinal parasites are public health. I don't know if we have any hook-worm in Michigan. I doubt if we have, but there are intestinal parasites that we need protection against.

With relation to the tuberculosis work, at the present time and in the future we expect to extend that not only to making the dry smears on sputum, but to do culture work in tuberculosis work, and if necessary animal inoculation work, which means we will be in a position to handle proper specimens of sputum and do animal inoculation work. In cases of doctors sending samples into us in envelopes and we get them in a sterile condition we will undoubtedly be able to do some definite culture work, as well as dry smears and staining for tuberculosis.

The sputum work for pneumonia can be done within a certain radius of the main laboratory if we can get properly collected specimens and

they come into us so that they are not more than twenty-four hours on the road, we will be able to tackle pneumonia for the doctors in the state, and the railroad facilities are such that this can be done under normal mail conditions. At the present time the mail conditions are pretty badly tied up, but if we can get twenty-four hour service on throat specimens we will be able to tackle pneumonia. This work has not been done in this part of the country at all, but we are getting facilities for doing this work.

In diphtheria work we hope to enlarge the work so that we will do streptococcus work, and general throat infection as far as we can. This means that the doctor has got to help. If we hope to do any streptococcus work we have got to have the collection of proper samples, and furnish the physician with blood serum as well as the swab in certain instances.

Right here I may say if we do this detail work for the public health department we have got to have more definite information as to the source and a little bit better sampling than we have had; more careful sampling. There is no question but what one of the largest public health infectious disease problems is the streptococcus class—streptococcus sore throat. Epidemics are occurring every year, and it is a well known fact that it can get to a point where it will kill in a few hours. It has been demonstrated in our army camps that today the virulent streptococcus common throughout the country is a dangerous organism in throat lesions. With no apparent symptoms at night, you will have a general septicemia the next day. That should be diagnosed, and should be more carefully controlled, and our laboratory will be in a position to make a diagnosis of analytic streptococcus. This cannot be done very handily in a small laboratory because we cannot keep late blood cultures, consequently if we can get the co-operation of the doctors to send in samples of serum we could get this information for them and get it quickly.

In venereal disease work we are making smears for gonococcus and microscopical examinations for gonorrheal infection. We expect as the laboratory develops to put in a serological department for competent fixation work where necessary.

In the Wassermann work we are today doing a great many Wassermans, both for physicians, social workers and hospitals. We are running so many that in fact the work has increased so rapidly that we hardly know where this work

is going to lead in the future. One of the most important things in connection with public health work is venereal disease work, and we want to and will be in a position to give every physician in the state diagnostic work along syphilitic and gonorrheal lines, and the best work that is possible for anybody to do. By this is meant we want to have our diagnostic work so carefully done that it can check with anybody, and it certainly will be done. It seems almost miraculous how this work has grown now the physicians of the state have taken it up. Last month we did over thirteen hundred Wassermanns. With that volume of work you must realize that it is an enormous task. Only yesterday we had 130 specimens of blood sent in from places in the State of Michigan for Wassermann test. If it keeps on growing the way it has we will have a broad gauge working basis for diagnosis of syphilis in the State of Michigan, and our reports are unquestionably being used as a means of spreading the educational propaganda through the social service workers, and through the venereal disease division of the Board of Health and county organizations. There are many cases where the physician is at a loss for diagnosis, and simply as a last shot he sends in a sample of blood to the laboratory for diagnosis or for a Wassermann test.

Now, right here I beg the physicians to give us the information we want. We want more information than we get. There isn't any of you men like to just have a neighbor come into your office, and say to you "My child is sick, give me some medicine for him." You want more information, and we want more information. We ran 1,300 Wassermann tests last month, and we would like to be able to sit down at the end of the month and say a certain number of these tests are primary, a certain number of them are secondary and a certain number are tertiary cases. We would like to sit down and study our laboratory, and find out from our clinical diagnosis whether that person had primary, secondary or tertiary syphilis. We would like to know it. It would not change our procedure. We would like to have all the information we can get, and anything you gentlemen can do to help us in getting full information will enable us to give you just that much more information and greater service.

We have as you know, a swab will come in to us in an envelope, a dirty old piece of paper wrapped up in an envelope, and a week later we will get a letter from the doctor who sent

it in for examination wanting to know why he has not got a report on it for diphtheria. It does not do justice to the State Board of Health and it is not justice to the physician that sends in the sample, but if it is possible to get the information in each sample we would be able to give better results.

Another thing is, we get samples of feces, for instance saying, "Please analyze." No information as to what they want or what information is desired or what kind of a case it is from or anything about it. It seems that they think that laboratory workers in general must be clairvoyants. That is not what we want to do. We want to get the co-operation of the physician so that he will give us full information and give us an opportunity to think over the case, and we can go direct in the first place to it, and then if we miss we look for something else. In that way we can give a great deal more service. We hope to work out some plan whereby we can give the practitioner information as to the best methods of collecting samples and in sending in samples to the laboratory, get his co-operation so that it will keep, send it in packed in ice or something like that, and in such a way keeping up a small stock of media for sending in cultures, and so that the cultures will come to us in such shape that we can give a more extended investigation to it.

Now, as you all undoubtedly know, diphtheria organisms live very nicely on the end of a little cotton swab, and if we had arrangements with central bodies, such as county health units or district health units we could furnish blood sero-media, and then we would have the organisms in such shape to study them, and see whether there is anything else besides diphtheria present. That is the fundamental argument for the new county health unit and county health officer that we are all so desirous of seeing ultimately put into effect.

Now, again, we come to the water works and the engineering side and the sanitary side of the work. Milk. Milk as a food is handled, of course, by the food division but milk as a public health problem is handled by the State Board of Health. Investigations of epidemics that might occur from milk can be referred to the laboratory for study. We expect to extend the laboratory for health divisions, for engineering information, for sanitation and sanitary engineering. There is only one thing that I want to repeat the importance of getting the stuff to us quickly. I don't know whether the mails are prompt enough in many instances or not.

I think that where life and death is involved that the telegraph and telephone should be used more extensively than they are used. We have lots of physicians who send in diphtheric cultures with no information as to whether or not we should telegraph results when they are found positive, and in fact we have sent telegrams and had them refused, when we thought that it was well worth while to telegraph. Where we have found an analytical streptococcus infection of the throat, and we have wired and in one or two instances we have had the telegrams refused. It seems to me that that side of the work between the physicians and the laboratory should be developed more and more to speed it up and get stuff out of the laboratory and back to the physician as quickly as possible.

I don't think there is anything else that is of enough importance to discuss fully, except that I would like to answer any questions that any of you men have as to our methods of procedure or what you expect to do, or what we would do in special cases which you want to know about our work. I will be glad to enlarge on it if you wish.

There is a tendency on the part of physicians I notice which we have tried to help them out on as much as possible, and that is to do diagnostic work with pathological specimens. We do not do that, because they are not of a public health nature. We are trying to pass those on to some commercial pathological laboratory where they will be handled for the physicians, and wherever possible we will forward the specimens to some such laboratory and advise the physician where it is forwarded to, or if it is close in we will return it to the physician with a list of commercial pathologists.

I know that there is a great field for this laboratory work, and the fact that the legislature has come through with a good sized appropriation shows that they appreciate the work of the Board, and if the physicians will all get behind it and boost there ought to be in the next four to six years a wonderful development in the usefulness that our organization can do to the practitioner as well as the public health divisions of the state. I thank you. (Applause).

THE CHAIRMAN: Gentlemen, the topic is open for discussion.

DR. V. C. VAUGHAN: (Ann Arbor): Mr. Chairman, I think that Captain Young's talk, or rather Dr. Young, I should say—that Dr. Young's talk with regard to the laboratory work in the State Board of Health is probably an eye-opener to several of us here. I think that

there are very few people who realize what the State Board of Health is doing, and what the State Board of Health pretends to do or intends to do within the next two years. I think it behooves every one of us to further the work. Each individual one of us is in a position to further the work of the State Board of Health laboratory, and to further activities of the State Board of Health, and we ought to get back of the State Board of Health as a unit. Do some propaganda work. Make the people of the state, or in each city and each county realize what a vast amount of work the State Board of Health is doing, and the results that they are accomplishing. I think that the legislature has had its eyes opened. They certainly must have opened their eyes or they would not have appropriated the vast amount of money which they have for public health purposes in the State of Michigan. I think that it behooves us all to put our shoulders back of the work in the State Board of Health in every way we possibly can. Run a health community.

Here in Detroit, of course we have our own laboratory facilities, and we are doing the same class of work, but probably we haven't as much of it to do, because the state at large will handle necessarily far more work than we handle here in Detroit. Detroit probably represents not more than 75 per cent. of the state in so far as public health activities are concerned—or I should say about 30 per cent. of the state. So that the work that you have before you in the State Board of Health is of far more importance, and we will certainly do everything we can here in Detroit to try and further your activities to increase the good will and feeling towards the State Board of Health.

THE CHAIRMAN: The meeting is open for discussion on the paper. Has anyone else anything to say?

DR. ANSTED: I would like to ask Dr. Young if there is any immediate prospect of establishing these county centers.

DR. YOUNG: For maintaining the distribution of the serum—sero-media?

DR. ANSTED: Yes.

DR. YOUNG: I don't know how that is going to be brought about unless we get on a voluntary basis, unless some county health officers or district health officers volunteer to keep a stock. Where they are interested we will furnish it.

DR. ANSTED: You will furnish it if they are interested; if the county co-operates?

DR. YOUNG: If the county co-operates, we will furnish it.

DR. PULLEN: I find one thing in reference to filing the reports and filling the reports out. We are confronted with the refusal of the patients to give you any description of the case.

DR. YOUNG: I realize that.

DR. PULLEN: Just yesterday I said to a nurse at the detention hospital a girl came to my office with an open sore on her lip, which I believed to be a chancre, a syphilitic chancre. I sent a specimen of blood into the department and they sent back a report of 4-plus; an absolute denial of anything in the world the matter with her. What could I do, I could not fill out anything.

Another case was the beginning of tabes in my judgment in a man of 60 years. Absolute denial of any infection in his life time, and yet we received a 4-plus Wassermann and gave him six shots of Salvarsan and he almost completely recovered. So you see that the general practitioner has to contend with that.

DR. YOUNG: Yes, I understand. They gave you no history of it.

DR. PULLEN: Absolutely none.

DR. YOUNG: Apparently there was a primary syphilis in the first instance and tertiary in the last.

DR. PULLEN: Yes.

DR. YOUNG: But if we could have had that information on that it would not have happened. In both these cases you got a 4-plus Wassermann?

DR. PULLEN: Yes.

DR. YOUNG: Suppose you got a 2-plus Wassermann and we had no information, you may have been a little bit hazy. If you had got a negative in the case of tabes we wouldn't have had anything to tell us whether our negative meant whether it was all right or worthless, but if we have at the end of the month that information saying that this was a tabes case we would say, "Well, we missed that one," and we might have even come back at you. I know we have missed tabes cases.

DR. PULLEN: We keep the serum tubes for diphtheria and for typhoid fever. We have them on hand to be used all the time. I keep three or four dozen of blood serum tubes in my desk for use to furnish to any doctors that desire them.

DR. YOUNG: That is fine; that is very good.

DR. NAGLE: I have been particularly interested in the question of diagnosis of diphtheria, and during the short time I have been in Michigan my experience has been that even when there is a positive diagnosis of diphtheria the

initial dosage of anti-toxin is always too small. In the east there is no limit to the size of the doses we give. We always believe in giving the first dose to make it as large as we can conveniently give, and if there is no reaction within four or five hours we give another dose, but here, or in Jackson, at least, many of the doctors have formed the habit of giving a dose one day, and in 24 hours repeating the dose.

It seems to me if you are going to develop your laboratory that it would be wise to perhaps have a little propaganda along that line—distribute pamphlets among the physicians in the state so that they would make use of the telephone and telegraph, and send in their diagnosis with the throat specimens sent for examination, and at the same time some arrangement ought to be made to give them a little more instructions as to how anti-toxin is to be administered. It is possible with the concentrated anti-toxin that we have now, that you don't have to use three or four 20 cc. syringes to get a moderate dose to give to a child, but that is not on sale. At least I have not been able to get it in the state. I don't think it is good business policy for a state to undertake the distribution of anti-toxin itself. I cannot purchase it in Jackson, and I could not get it anywhere.

I think there is a good deal of truth in what Professor Seidlitz (?) says that if he is establishing a public health department in any state to get a good laboratory, he ought to get a good publicity man and the rest of the work is built up when you have the time.

I think that Dr. Young is to be congratulated, and I think that the department is very fortunate in getting a man of such wide experience as Dr. Young is, or getting a man who has had the experience that Dr. Young has had in public health work, and I am sure that if the people will avail themselves of the opportunity of securing such a man as head of the laboratory department, that Michigan will benefit by it.

MR. G. A. WOOD: Mr. Chairman, I think perhaps a good many of these discrepancies between the physicians and the laboratory of the state board of health may be simply to some extent unavoidable accidents, and simply some things that will happen.

I had two experiences in sending specimens to the state board of health laboratory, that perhaps would be a little bit interesting on account of being so opposite.

I was practicing in a county in the northern part of the state. One of them was a little boy

who was taken with a sore throat, but he was not very sick; in fact he was so slightly ill that I had a great deal of trouble in keeping him in bed; in fact, he was not in bed, he was on a couch. And I could not keep him there all the time. But I was very suspicious of the case on account of there having been an epidemic in that location a short time before I came, which no one seemed to know exactly what it was, but from the history I got I took it to be diphtheria. So I sent a culture to the State Board of Health, and it was two, or three days before it came back, or four days, I forget now how long it was, but it was some little time before it came back. By the time I got my report (which was positive) my little boy was up and around, absolutely out from under control. So that all the report amounted to was simply to confirm my suspicions, but did not help me in my treatment of the case.

The other case was sometime after that. I had a man of full age who was sick in the country a long distance from my office and the road was bad. He had a desperate sore throat. On making a call on this particular day I found him unable to swallow, and while I had considered the case as tonsillitis I was worried by the desperateness of the situation, and I very hastily prepared a swab, wrapped, not in a dirty piece of paper, but in a clean powder paper, and put it in an envelope. In fact, wrapped it up in more than one paper and put it in an envelope, and sealed that up, and put it inside of another envelope, and sent it to the State Board of Health in a hurry. Well, I did not get any answer to that, and I treated the man along for several days, and he finally recovered. But I rather wanted an answer to my report on my specimen, so I wrote the State Board of Health. I think it was before Dr. Young was there. It was a number of years ago. I got a letter back in reply stating that I had violated the United States Postal Laws, and they could not be expected to send a report on any such specimens.

I think as a matter of fact that I was negligent; it was probably a streptococcus infection, but at the same time I was worried about the patient and I did want a report very badly, and I was rather disconcerted in not getting it.

DR. GUY L. KIEFER: (Detroit): Mr. Chairman, some of the remarks made by the last two or three speakers brings something to my mind, and I think we all ought to think of, and that is that these doctors I hope will go

out and boost the laboratory of the State Board of Health for all they are worth.

The last speaker brings me a thought of what I want to say. That is in getting out our propaganda certain physicians should be taught that they ought not to depend entirely on the State Laboratory to make their diagnoses for them. The laboratory is only an aid to diagnosis and don't wait until after you get your report to do anything. I don't care if you get it right in the same city. In a case of diphtheria, for instance, if you have a case that is suspicious to the doctor, you naturally want to find out whether the patient has got it or not, that is the time to give your anti-toxin, and not wait 24 or 48 hours, or four days, for the return of the report. Also do not exclude your clinical diagnosis because you get a negative laboratory report. There may be some reason why in some cases there are negative reports, and in other cases positive reports. You may get a negative laboratory report, and a positive clinical diagnosis.

The thing I want to bring out is that I certainly do appreciate the laboratory; and I hope that the State Board of Health Laboratory will be used to its limit; but I do also appreciate the danger of the improper use by the practitioner, in depending on the laboratory, expecting a man fifty or sixty miles away from him to make his diagnosis for him. I think that is the reason Captain Young would like to know more about the facts of the cases, so that he can make some intelligent statistics. That ought to be done. I don't think we ought to have much to do with the treatment. I don't think that is exactly the function of the preventive medical department. But I do think in our propaganda, in urging people to use the State Board of Health Laboratory, that we ought to urge them not to let any negative finding interfere with their diagnosis. It is their duty to get the people well. I think that thing ought to be kept in mind all the time.

THE CHAIRMAN: Are there any further remarks on this discussion? If not, we will listen to a paper by Dr. Nagle, health officer at Jackson, Michigan.

DR. NAGLE: (Jackson, Michigan): I haven't any paper, Dr. Olin. It would be impossible for me to read one if I did have one, on account of a sore throat. I asked Dr. DeKleine to make a few remarks in my place, to which he consented.

DR. DEKLEINE: I think I ought to say something, Mr. Chairman. Dr. Nagle spoke

to me in the hall. He said to me: "You take my place, please." I feel something like the colored man who was brought before the Judge because he licked somebody. The judge said to him: "Did you beat this fellow?"

He says: "Yes, sir, I did."

The Judge: "What did you beat him for?"

He said: "Because he called me bad names."

The Judge: "What did he call you?"

The negro: "He called me a rhinocerhorse."

The Judge: "When did he call you a rhinocerhorse?"

"About a year ago."

"A year ago?"

"Yes, sir."

"And you beat him yesterday, because he called you a rhinocerhorse a year ago?" Why did you wait that long before you beat him?"

The negro: "Because I never saw a rhinocerhorse until day before yesterday."

I don't know just where to begin. There is no subject assigned to me, and no paper, so I am just going to start out and say something about public health in general, as to what I believe constitutes a public health program in general. I hope that you will listen closely, and enter into the discussion.

I think our modern outlook on public health is decidedly different than it was ten or fifteen years ago. Our past outlook in public health has been largely contagious diseases, such as diphtheria, scarlet fever, small pox, and so on and so forth. But if we look over the death statistics, the death rates, as they occur in Michigan, I think we cannot help feeling that if we are interested in the prevention of deaths, and interested in the prevention of sickness, that our activities should extend in other directions than ordinary contagious diseases, even including venereal disease.

For instance, in Michigan we have an annual death rate of something like between two or three hundred a year from diphtheria, sometimes less and sometimes a little more; something like two or three hundred from scarlet fever; and something like that same number from typhoid, or less. I don't know what our death rate is from small-pox. It is perhaps very low, perhaps twenty-five or fifty a year. Then, if we study the death rate as it occurs among our babies or infants, we find we have a death rate of something like six thousand children under one, and something like eight thousand children under five; an enormous death rate. We have something like twenty-five hundred to three thousand deaths from tuber-

culosis; and something like two thousand deaths from cancer. We have something like twenty-five hundred to three thousand deaths from pneumonia.

If we study those death certificates, then we cannot help feeling that these deaths occur in a field in which we have not been so very active. Now, I don't mean to say at all that we must not remain active in contagious diseases; we must be very active in reducing contagious diseases and deaths from them. We must not let up one bit. We must even improve on that work, we must not let up one bit in anything that we have been doing. It seems to me, however, that the time has come when we must broaden out and engage in those activities which are most effective, or where our highest death rate is; and one of these is especially among infants under five.

It strikes me that Boards of Health do not pay quite enough attention to that sort of thing. I don't mean any particular board of health; I am speaking in general. We have not been paying enough attention to doing definite infant welfare work in any community. If we are going to cut down the death rate among infants under five, we must engage in definite welfare work among infants, if we are ever going to cut down that death rate.

Then there is another thing we should pay more attention to than we have in the past, and that is deaths which occur directly or indirectly from focal infection in our school children. During the past year I have made a survey of our school children in the city of Flint as it pertains to the infection of the mouth and ears. We have examined every child in the schools, something like twelve thousand. We examined their teeth, tonsils, tongues, ears, eyes, and so on and so forth. We find that there are something like 88 per cent. of our children in the schools (and these are not our own figures; they have been given before) have dental defects in some form or other. Seventy-five per cent. have definitely diseased tonsils; and 10 per cent. that are questionable, that is, whether they should be removed or not. There are a large number of other focal infections, ear, nose, and so on, and so forth; 15 per cent. of the children in the schools have defective vision. I don't mean to say that that is a public health question, the matter of vision, but incidentally it should be attended to, anyhow. It is a part of the work. I believe there is an enormous death rate occurring every year, due directly or indirectly to focal infection, starting from the

teeth or tonsils, or some such thing; and under our modern system of practice, of medicine, we do not reach those people. This is not a criticism of the physician, it is not their fault, but it is because of the negligence of the people in general; they do not pay the attention to the children that they ought to pay. We made a sort of a rough survey of the dentists' reports as to how many adults get dental attention. It was found that not more than 10 or 15 per cent. of adults in a community have dental attention of any kind. The majority of the people in a community don't know what it is to visit the dentist or a dental office. The dental offices today are so crowded, their appointments are filled up two or three weeks in advance, and even though we could get to every child in the school, and advise the parents that they should go to the dentist to have their teeth looked after, if they are going to avoid trouble, the dentist could not take care of them. There would not be enough dentists to go around.

In other words, there are so many children, 88 per cent. of them in the schools, or thereabouts, say 85 per cent. in the schools, speaking generally, who do not get the attention they need, and under our modern system I don't see how in the world they can get it unless we bring it to them in some form.

The same thing is true of infected tonsils. The physicians are not to blame for this, either. It is just simply a matter of circumstance, or whatever you want to call it. These parents, perhaps, never give their children any attention, and they are allowed to go from year to year without any attention at all, and they never give it a thought, never tell us there is anything wrong with their tonsils. Unless we get into the schools and examine these children and tell them definitely, and tell the parents definitely that there is trouble there that ought to be looked after, we are never going to get these defects removed.

The same thing is true of eyes. If we are ever going to correct defective vision we have got to get to the parents and inform them as to what is wrong with the children, because they themselves don't have their children examined. This is simply a thought which occurred to me, because it is a mighty vital phase of public health work. It certainly seems to me that public health work is not contagious and infectious diseases alone, but it is welfare work of such a nature that we will accomplish something definite. I believe if we are going to cut down the death rate among children of

school age, and children that are in our grades, if we are going to cut down that rate, I firmly believe we have got to do something definite to get the information to parents as to the conditions that are undermining the health of their children.

Doctor Mayo said (I have forgotten the percentage, and I won't quote it for fear I might quote it wrong). What is it Dr. Kiefer, 85 per cent. of all the infections in the body originate above the collar?

He made a statement of that kind two or three years ago that by far the majority of infections that the body falls heir to originate from the teeth, tonsils, nose, and things of that kind, infections in the head; and he also made the statement that one of the next big steps in the medical profession would have to come from the dental profession. That was Dr. Charles Mayo, I think, made the statement. I can't tell you where I got the idea, but I remember that.

So that I believe if we are going to do real preventive work that is going to cut down death rates, and prevent chronic disease among people, such as valvular heart disease and rheumatism, and infection in general in the body, which is a big part of our illness in the body, I tell you I believe we have got to do this educational work in the schools.

Now, that is not work which is going to interfere with the doctor's business; it is work which gets the physicians and patients together, absolutely. That is all it is. It is a work which tells the parents what is wrong with their children, and gets them in touch with the doctor, or gets the knowledge to them which they ought to have, as it pertains to the health of their children, and gives them an opportunity to have it corrected, if they are interested, and if they are in a position to do it, and if they are not able to do so some one should see that it is done. When I say this I don't want you to think for a minute that I am placing that part of public health work as the big part of it. I am just simply discussing it, because I believe it is a new field. We know about contagious diseases; we know the importance of proper milk and food supervision; we know the importance of general sanitation in a community. We know the importance of housing, and all those things, but I don't know if we appreciate in general the value of public health work as it ought to be done I believe among our little babies in a community through the visiting nurse, and among our children of school age in the school.

I believe there is a wonderful opportunity there to do much towards making a much better race, as they grow up into manhood and womanhood. I thank you. (Applause).

THE CHAIRMAN: I think these remarks have awakened a good deal of discussion.

DR. ———: Gentlemen, I don't see that that should awaken very much medical discussion, but we should urge it on not only on the part of the parents, the fathers and mothers, but on the doctors of the communities. Especially important is this matter of focal infection.

We have been conducting a little examination over in our little one-horse town, where they were a little reluctant to receive our advice. We called their attention to one or two cases that they knew about and knew well who have recently died, and there is no manner of doubt but what their death was brought about 20 years before it should have been, due to a focal infection or bad tonsils. In one or two cases where you can give a definite statement and tell them without a doubt so and so died due to trouble produced by bad tonsils they will sit up and take notice.

I think that the remarks were very appropriate. The matter of the so-called contagious disease is being taken care of as well as it can be perhaps under present conditions. There is one thing about the health laws on contagious diseases in Michigan that I want to live to see changed, that I want to see Dr. Olin and the State Board of Health get changed sometime during my life time, and the sooner the better, and that is the law regarding small-pox. Small-pox costs the taxpayers a tremendous amount of money in Michigan every year, which is entirely unnecessary. If Dr. Olin or the State Board of Health will say that, "If you men prefer to have small-pox to being vaccinated, go to it." I think they will all go and be vaccinated perhaps, and it will do away with a large part of the public expense, and let them take care of the private expense as they want to.

I wish that could be brought about. It is a law I understand, or practice, in some states to not quarantine, and not pay any attention to small-pox. I believe that is well. I believe there would be less in Michigan. I know it would cost them a great amount less.

DR. ———: I am only a practitioner in a small town, but I have had some very definite ideas relative to health matters. I have also had some experiences, some of which have not been pleasant and others which have. I

don't believe that our Brother Burleson could really mean all he says concerning small-pox or any other disease. I believe that our brother from Jackson who just spoke hits the nail on the head, and I think he hits it on the head, not only for the larger cities but the small ones as well. I don't believe there is any one of you who does not believe as he does, and if there is any one who does not believe as he does he should not be allowed to be a health officer, even in a little community.

I further believe that the law should be changed if such a thing is possible, so that nobody could be a health officer even in a little community who is not an "M.D.," and not only say that he was an "M.D.," but that he believes in up-to-date preventive medicine.

In our own town we have had some rather unfortunate experiences, and yet may be they may have been fortunate also. I don't know whether any of you men remember me or not three or four years ago when I had quite a set-to over there along the diphtheric line, and I think probably the largest danger in diphtheria carriers, if you remember, was brought to light in the State of Michigan, and since that time we have had a great deal more attention paid to these things, and I think we have also had a great deal less diphtheria than we had before. I think probably I paid for a part of that myself.

I am not a health officer at the present time, and I think probably the one reason is because I have had my experience, as most of you men have, who take health officers places in rural communities and try to perform your work conscientiously according to up-to-date methods of medicine nowadays, and after that we don't feel it is advisable for us to re-accept the office. In our own town that particular thing has happened. There are three or four men who will take the place who have taken the place in the past, and personally we have said that we would not accept it unless we could get some kind of a recompense for the time and trouble and labor we put into it conscientiously. Secondly, we told them what our figure would be for the work, which they refused. I will say up to that time, however, we had never gotten more than \$100 in our town for what work we did—\$100 a year for the work they did as health officers that year. There are physicians who say that they would not take it for a certain figure, or would not accept it until it was raised to a certain figure. They finally came around and employed a layman, and they have got a very

efficient layman health officer, and for which he receives one dollar a day.

I think if the physicians all over the state would refuse to accept the places of health officers until they have come to a realization of what the physicians were really doing for them, in the way of trying to point out to the men who are better qualified in the community as to what they have been doing for them that they will after a while be willing to pay a little more for the service they are rendering, and I hope to see the day not far distant when the laws will be changed so that no man can be a health officer in the State of Michigan unless he is an "M.D." in the town he is serving.

DR. GUY L. KIEFER: (Detroit): I was thinking about doing something besides taking the places of health officers looking directly towards the prevention of contagious diseases. Let's start right here in our meeting. For God's sake let's ask our reporter to sit somewhere where he can get some light and not ruin his eyes; that has been worrying me ever since I have been here in this meeting, he has been sitting there where it is dark, and I think he ought to move over where he can get more light.

(The reporter moved his table over towards the window.)

That is what we want to do. We want to progress along all these lines.

I agree with the doctor absolutely, but I do certainly think that we are justified by our rather long experience in public health work in throwing out a warning to you. Gentlemen, I am glad Dr. DeKleine corrected his terms. Don't let's ever say we know all about the prevention of contagious diseases and take them and exclude any particular disease. Dr. DeKleine did correct that. We have not got anywhere near preventing the acute contagious diseases and chronic ones which are directly due to them. Of course, as he said that work wants to be kept up.

With reference to small-pox I feel like the gentleman does, that if a fellow wants to have small-pox let him have it. I have felt that way a great many times, but when I look over some epidemics and the result of letting a thing like that happen I change my mind, but they will have it just the same, and then you will get into a corner like they did in Saginaw or in Grand Rapids. Detroit is some place, and if you were to do that you will have a great big epidemic of small-pox as the consequence of that teaching which was not followed, and then you will have the ruination of the business interests

besides. I think it is a dangerous procedure. I have felt a great many times that I don't think it is safe on account of the results that would follow. If you don't keep on trying to educate people to prevent small-pox you will be up against an epidemic the first thing you know. Of course, everybody ought to know by this time what small-pox is; they have been at it over one hundred years, but they won't do it.

With reference to the other things that have been spoken of in regard to health activities that should be taken up by organized boards of health, and some of these activities that Dr. DeKleine has spoken of have been taken up for the past twenty-five years, at least the system of medical inspection in schools in Boston and followed rapidly in other cities. A great many of the things have had attention paid to them to the extent that they have been called results of focal infection, because we did not know that word except as applied to tonsils. We didn't know of the many cases of poison found at the roots of teeth until the X-ray came to our aid and showed it. I have made the statement in the past that the specialists in the profession allied with the medical profession, who have been away in advance of us, in preventive work, have been the dentists. They thought they were. They did teach their people to come in and have their teeth filled up and extracted, but as a progressive dentist told me less than two months ago, "We thought that we were progressing along modern lines, but what we did was to fill cavities and root canals and cap something over them which caused a lot of trouble, and we didn't know we were doing it. Now we find we were not doing it right, which is the result of the knowledge we have gained from the X-ray. Of course that knowledge could not be applied until we had it."

What I really want to say is I would like to add this to what Dr. DeKleine has stated, he said it, but I don't think he emphasized it, and that is this work of educating parents to properly care for their children from babyhood up should be brought to them by the doctor. As I said in the case of schools I think it ought to be brought to them in their homes; in other words, through the nurse. I want to emphasize that the biggest help in public health work is a nurse or more nurses.

When the medical inspection of school systems was started in Detroit about fifteen years ago at first by the doctors with cards sent home to the parents calling attention to various physical defects that have been mentioned here this

afternoon, less than ten per cent. received attention, either through taking them to a doctor or dispensaries. After the establishment of a system of school nurses I think the percentage went to about 75 per cent. of them early in the work who received attention; that is, because the nurses went to the homes and followed up this card and gave the attention or instruction by word of mouth to the mother.

I think that the big work in public health work is an educational campaign. I think we all agree on that. We must educate the doctors in general and the people in general to do the things that Dr. DeKleine has pointed out, and the best way to educate them I think is by getting public health nurses who are trained in public health work into the homes.

DR. DEKLEINE: Mr. Chairman, I don't want to leave the impression for a minute that we have not been working under the laws and doing it right. I think your reports at Lansing will show that. I am doing my best as health officer in our township to prevent these diseases, but in that particular case it seems to me that it is utterly useless. I don't believe, Dr. Kiefer that we are doing right when we allow them to state, "Well, now, here, I don't believe that small-pox stuff, and I will run a chance on that. Dr. Kiefer is paying attention to it, and he will see that I don't get into it." But if they know that Dr. Kiefer will not quarantine the case they will take care of themselves. I believe they will pay more attention to themselves and do it quicker and better. I think that is all. There were one or two other things I thought of, but they have already been covered.

DR. ———: I want to also endorse Dr. DeKleine's remarks and further endorse what Dr. Kiefer has said. We must all realize the fact that this is a campaign of education. It is my good fortune to live in the county of Washtenaw, and I have been waiting for some of you gentlemen to talk upon the subject too. The American Red Cross as you perhaps know, is instituting throughout the United States a system of public health nurses. The county of Washtenaw is the first county in the State of Michigan to establish a central division and establish it as a county unit. I happen to be on the county board, and we appropriated some \$20,000 for the maintenance of seven nurses. We have divided the county into districts and in my town we will have the resident nurse, and we also have one supervising nurse, and we are beginning as Dr. Kiefer said, not only at the

cradle, but before the cradle. We are holding classes of instruction for pregnant mothers. Just to illustrate a little of this work that has been going on for five years. We had our first dental inspection and both of our dentists commented upon the great number of six year molars that had been extracted or were gone so far as to be beyond repair. A few years ago we had a public clinic weighing and measuring babies, and the clinic was scheduled for two days. We put on a campaign of education for two weeks previous, and we closed the second night with 70 unexamined cases, and we were obliged to hold a third day clinic on Thursday. We examined 250 cases in those three days.

In conjunction with this campaign of education we held a dental inspection of the schools at the same time, and if the dentists found anything suspicious in the throat they sent the children to the clinic and I took pains to ask the dentists afterwards, and they both made the same remark that in the entire school of some 150 children they did not find a single six year molar missing or that could not be repaired due to the fact that this was started, and the parents themselves have been educated by sending these slips home with the children. Take my own little boy, for instance, he came home with a slip that he had a cavity that needed filling. That just illustrates what your campaign of education will do, and I believe this Red Cross proposition is going to get by if it has not already done so, in every county in the State of Michigan. The idea is that most of the county chapters have funds sufficient to maintain them one year and some for two years, and the idea is also to make it so valuable that the public either through the County Board of Supervisors or through the municipal boards or eventually through the state legislature. The public will realize that this is so valuable that there will be a popular demand for an appropriation to make it a permanent affair, and as it comes up to each of you men in your different counties see to it that you take it up with the nurses and the men that are interested. There is no question, but what public opinion will make it permanent.

DR. YOUNG: That is all a campaign of education. This will be a short story but I think it illustrates just how far we have gone in the campaign of education in public health work. I had my pins knocked completely out from under me the other day. There is a woman in Lansing, Michigan who has sent five tertiary

cases of syphilis to us and we have returned in each instance a 4-plus Wassermann.

I called her up and found that she was a woman of only moderate education, I think she has not completed high school, in fact, but she had been reading about the venereal diseases, campaign of the Board of Health of Michigan. She runs a beauty parlor and manicuring shop, and she has picked this information out of people that come to her for treatment and are apparently not yielding to treatment, and she doesn't want to handle them so she sends them to the laboratory and we have returned a positive Wassermann on all of the five cases she has sent, and I think that is going some.

DR. SMITH: Mr. Chairman, I have been very much interested in this discussion. I have been listening to it, listening to all of it, and especially this excellent talk that Dr. DeKleine has given us.

I think the main thing that we have got to look after in this matter is right along this line of education, and we want to be careful that we don't make mistakes, and see if we can go along without making mistakes. There was one matter that came up here in this convention. What was it? Small-pox. Now, I think sometimes health officers have done a good deal of harm by putting too much stress on the quarantine, because you cannot fight small-pox successfully by quarantine. There will be some cases that will be too mild. But you can fight it successfully by vaccination. Now, if we emphasize the quarantine in such a way as to make the people satisfied to neglect vaccination we are doing harm. We want to be careful not to do that. Quarantine may be a help to vaccination, but if you make it a substitute for vaccination you are doing harm, because you are making them neglect the thing that controls the disease and substituting something that you cannot rely on.

Another thing, there have been some things rightly said about our changing our ideas on health matters. That is a good thing. Why, we have changed our ideas. We used to think that the health officer's business was to put up a placard with a contagious disease sign on it, and perhaps order some poor man's privy to be cleaned out, and let the rich man's go if he had a nuisance on his premises, and I am sorry to say in Michigan that has been so.

These doctors have their own ideas about health services, but I think I can pick out some of the qualifications of a health officer. First of all he ought to be a protector of his people.

A health officer that isn't doing that, is not worth the salary he is drawing even if it is not over \$10 a year, because they had better keep it in the treasury, because if he is not educating them right he is educating them wrong. A man cannot be a nuisance in a community if he is a health officer. He has got to be doing good or else doing harm. If he isn't doing the work and getting the right ideas to the people he is an injury to health service.

Now, we are all changing somewhat, that is the tendency of all of us today. I think I can sum that tendency up in a word and that is to deal with the cause of diseases and prevent them, rather than what we shall do after we get them. We are putting more and more stress on the cause of diseases today. We know that polluted water will cause typhoid fever, and we are trying to teach the people that you cannot use the same stream for a well and a water closet without paying the penalty, and that penalty is often death. We are trying to get their thought.

Another thing in the matter of disease. We are placing emphasis upon venereal diseases, and we are going to abolish them eventually, but we have got a long course to run, before we get city broke, and get rid of venereal disease. We are stressing the importance of that, however.

By the same education that we are going to get rid of these venereal diseases we will get rid of the others. We are looking after the cause rather than fighting the disease. It is well.

So we might go along with other diseases. We started with tuberculosis in this state some years ago, and just as we got a real start we stopped. I don't know why the state of Michigan abolished it, but they did. They stopped after they made a good start, but we are going to go back to it, now, and we are going after these things one after another.

Another thing, we are looking to. For instance, in this war, when the government called its men to the field they found a large proportion of them were unfit for service and they rejected them. We are going to carry that lesson right home as health officers of the state that the man that is not fit for military service is not fit to do his duty as an American citizen. As health officers our duty is to see that he is fit for both. We didn't do it, and in this war the government didn't do it, because they sent them home. What ought to have been done was to have some means of making them

fit. We cannot afford to have such a large proportion of our citizens unfit for duty, either in peace or war. We are going to leave this to you. We are going to insist more and more on a higher class of men in the health service. We have got to recognize more or less that we are living not for ourselves alone, but in association with our fellowmen, and that many of these diseases we have are communicable or social, and we have got to recognize their social character, and everything of that sort, and our diagnoses of diseases have got to be along that line. We are going to take this health service thing off somewhere, and it is going to have the best of luck, not only along the line of saving men's lives, but keeping them healthy so as to deal with their efficiency as laborers. We cannot afford to have men doing half work, because they are weakened by disease.

We have got a big work ahead of us, but when we wake up we are going to put the health service of the world on a better basis all along the line. (Applause).

THE CHAIRMAN: Are there any further remarks. Dr. Vaughan who has the last number on the program is not here.

DR. DEKLEINE: I hope I have not left the impression that the work that we have done is not important. I don't want to leave that impression at all. It is mighty important, and every bit of it can be continued and then some.

Remember I had no preparation. I am getting up here without preparation, and it is pretty difficult to leave the right sort of an impression.

Neither do I want you to think that what I am presenting to you in my county is new. There is nothing new at all. It is as old as the hills, but is something we have not put in practice as much as we should.

I want to call your attention to what the City of Toronto, is doing. The City of Toronto, Canada, through the Board of Education began some five years ago to employ medical officers in connection with its schools, and dental officers and nurses. I was talking to the chief medical officer, Dr. Minns, a couple of years ago, and he told me at that time that they had something like 25 physicians and something like 30 odd dentists, and something like 40 or 50 odd nurses employed by the Board of Education entirely for the school children, and they had something like fifty or sixty thousand school children in the City of Toronto. He told me that in the three years they were active in doing this work, as I have outlined it, they had de-

creased the dental defects from 90 per cent. to 50 per cent. in three years' time in the school children, and the tonsils, I have forgotten the figure, but they were reduced very materially. The vision of the children was correct practically entirely, and he said that they intended to keep on building up their organization in connection with the Board of Education so that in a few more years they would be able to say as far as they could that all these defects in the children were corrected in the school, and I think that is a wonderful thing, and that it is going to do wonders for the City of Toronto. I believe so.

I am telling you these things, but I don't want you to think for a minute that I am giving you something new. Not at all. I don't want to leave that impression for a minute. It is a matter of education. Education is the big factor in public health work. I am thoroughly convinced of that myself. It is the big factor.

I was listening about a month ago to Mr. Price who was general manager of the National Safety Council, with headquarters at Chicago. In an address on the Safety First Movement he said this. He said that when they began the safety first work they conceived the notion that if they could go into a factory and put safety devices on all the machines in that factory that all accidents would be eliminated from that given factory. and he said they were experimenting, they had gone into factories and put on safety devices, put on all the safety devices they could think of, but yet the accidents continued. They were decreased some, but yet they were not decreased as much as they thought they ought to be decreased, and they finally concluded that if they were going to decrease accidents in the factories after the safety devices had been put on, that they would have to do some real educational work among the men. In other words, they would have to get the men interested in looking after their own interests. It depended on the men and those with whom they were associated, after putting the safety devices in the factory, it depended on the men to eliminate the accidents.

That is also true on the streets. I see the City of Detroit has a big campaign on for safety on our streets. It is a wonderful thing. If we are going to reduce accidents we have got to get the people themselves interested. The people have got to do it. We cannot do it for them, it is physically impossible. We cannot reduce death rates unless we get the people interested themselves. We can build up ever so fine a

public health organization, the finest in the world, and we can do all the things that ever have been known in the public health world, and yet we will fall down unless we get the people interested themselves. The people have got to be interested in doing the things for themselves. Until they do, we will not reduce death rates as much as we wish to.

We have got to get the parent interested in his child definitely, not in a superficial way, but we have got to get right to the parents, as Dr. Kiefer said, through the nurse. I think a better way is through the school. I wish Dr. Kiefer was here, I see he has left.

I believe the better way is through the schools, but that doesn't mean at all that I underestimate the value of the nurse. It is mighty valuable. Take my own boy as an example. He comes home, and he said my teacher says this today, and he goes to his mother and he says my teacher said this today. Schools have a wonderful influence on children, and the child believes it, and because the child believes it the parent is likely to believe it. I believe if we can go into our schools and teach the children these things, and the child brings it home to the parents, that the average parents will believe it quicker than if you go directly to the parents and say so.

The safety first movement is carried on through the schools to a large extent, at least they are recognizing the value of teaching the children safety first, and the children bring it home to the parents, and what the child brings home to the parents sticks much quicker than when you bring it to them directly. Public health works indirectly in many ways. We have got to do things in a roundabout way, we get the results indirectly rather than directly, and the indirect method is more effective very frequently.

I wish I had prepared a paper on this thing, and then I could have stated my points a little bit better than I have.

THE CHAIRMAN: Are there any further remarks? There was something brought up about health officers being physicians. I think that time will come under the township system.

DR. NAGLE: I meant to have said in all villages. I didn't mean in the counties themselves.

THE CHAIRMAN: There are so many health officers, 1400 of them in the state and they are too far from the villages where there are physicians maintained.

I don't think there is anything further to

bring up before this section. I hope that we can make this section a permanent part of the state meeting.

(Adjournment.)

DIFFERENTIAL DIAGNOSTIC PROBLEMS IN PSYCHOSES ASSOCIATED WITH INFECTIOUS DISEASES.*

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To one who has had little more than even a minimum of experience in neuro-psychiatric practice, the past several months has furnished frequent cases in which it was difficult to differentiate psychoses associated with infectious diseases from certain well recognized psychoses such as the alcoholic types, dementia praecox, hysteria and manic depressive insanity. This difficulty becomes all the more marked when the true psychoses are seen in relatively mild forms, but in the acute stages, and is principally due to the fact that there are certain symptoms or groups of symptoms common to both the true psychosis, and to the psychosis associated with infectious diseases. For brevity's sake I shall limit myself to two sub-groups of psychoses associated with somatic diseases: one the so-called "toxic-deleria" which run a course parallel with the febrile stages of the somatic condition; the other the so-called "post-infectious psychoses" which appear during the period of convalescence. Either type is evidently due to some interference with nutritional processes in the central nervous system or to poisons or toxins. The clinical pictures in the aggregate are much the same for both groups and include: unclearness, accelerated psychomotor activity, incoherent or disordered flow of thought, depression, hallucinations, catatonic symptoms, stupor, irritability, and paranoid tendencies. Occasionally rather marked neurological abnormalities also add to the difficulties. Some of us are so accustomed to associate emotional depression with the depressed phase of manic-depressive insanity, or incoherent thought and hallucinations with dementia praecox, or hallucinosis and paranoid tendencies with alcoholic psychoses, that it is not altogether academic to say that is for this reason that we have difficulty in differential diagnoses. The difficulty is further increased if a true psychosis is precipitated by an

*Read before the Detroit Neurological Society at its annual meeting at Ann Arbor, April 10, 1919.

infectious disease and runs a long course after the somatic condition has cleared up. For these several reasons it is frequently almost impossible to be cock-sure about a diagnosis particularly in the earlier stages of the psychotic cases or of the associated psychoses.

Moreover, it is often quite difficult to differentiate hysteria from dementia praecox, or manic depressive insanity with schizophrenic features from dementia praecox. All of these difficulties may arise out of the fact already noted that certain symptoms, or symptom complexes are common to these various mental disorders, but I am inclined to think that they more frequently result from the fact that there is no generally accepted concept of the very nature itself of the so-called disease entity Dementia Praecox. Leaders in neuro-psychiatry have advanced almost every conceivable etiology and pathogenicity for this disease: there are those who emphasize the psychopathological approach with emphasis on the personality in its determining the trends the disease may take after it is once precipitated; then there are those who emphasize the physiopathological changes such as tremors, reflex changes and vasomotor disturbances with emphasis on some imbalance of functions of the ductless glands. Then there are the advocates of organic disease of the brain with definite anatomical changes of brain substance as the true etiology: it may be microscopic lesions in certain layers of the cortex; it may be brain atrophy, or thalamic gliosis; or finally it may be certain affections of the basal ganglia. However confusing this varied state of high opinion may be, we must accept some criteria for guidance in a disease entity which, uncomplicated, presents fairly clear clinical pictures. The mental mechanisms are fairly well recognized and are well described by Meyer, Kraepelin, and Tanzi. The latter says, "the fundamental symptom of the patient suffering from dementia praecox (is) stolidity of conduct (disorder of) intelligence not so much by what he says and thinks as by what he does; even when he expresses and seemingly thinks something contradictory, absurd or foolish, the unprejudiced observer easily perceives that the patient is not faithfully conveying his own thoughts, but is to all appearances falsifying them purposefully from ostentation, or owing to an involuntary treachery on the part of the volitional function." Kraepelin emphasizes the "dementia in which the faculty of comprehension and the recollection of knowledge previously acquired are much less affected than the judgement and especially than the emotional

impulses and the acts of volition which stand in close relation to those impulses." For purposes of present discussion Meyer's definition seems most helpful. It includes "those types of defect and deterioration which show the existence or development of fundamental discrepancies between thought and reaction, defects of interest and affectively with oddities; dreamy fantastic or hysteroid or psychasthenoid reactions, with a feeling of being forced, of peculiar unnatural interference with thought, frequently with paranoid, catatonic or scattered tantrums or episodes."¹

If these "types of defect" can be established as existing in a given case some time before the onset of an infectious disease, or persisting long after a reasonable period of convalescence, one is safe, in most instances, in making a diagnosis of dementia praecox. If these defects are absent before or after the infectious disease, the case is apt to be one of the psychoses associated with somatic infectious disorders. An absence of the history of alcoholism helps us rule out alcoholic psychoses. Sensory stigmata, amnestic fugues, functional paralyses, etc., aid us in differentiating hysteria; but many individual cases present difficulties in diagnosis that can hardly be overcome. The following brief case histories show some of the problems of differential diagnosis:

CASE I. Refer. No. 622. C. Male. Age 22. University Instructor.

Family History and Personal History negative for nervous and mental diseases. The patient was referred to us on October 7, 1918, from Contagious Ward, diagnosis there "Influenza."

Mental examination showed the following:

1. General appearance and attitude: Hectic appearance, apprehensive and perplexed mood. Careless of person. Bed clothes disordered.
2. Increased psychomotor activity with purposeless movements of extremities and picking at bed-covers. Pressure of speech.
3. Distractibility of attention. The patient moved about restlessly and noticed various sounds and movements about him during the entire interview.
4. Stream of thought markedly disturbed: inconsequential answers. Upon being asked to pronounce the word "electricity," he replied, "I never had you in electricity."
5. Thinking processes disturbed: Failure and easy fatigability on attempts to give the successive sevens' test.
6. Partial disorientation. He knew he was in Ann Arbor but when asked to state the nature of the building he was in (Contagious Ward), he replied: "This is not 109 Ingalls Street (his rooming place). It is too warm for 109 N. Ingalls Street." When asked what building he was in he said, "It

1. Michael Osnato, Review of Pathogenesis of Dementia Praecox. *Am. Journal of Insanity*. January, 1919, Vol. LXXV. No. 3, p. 411-433.

looks like an auto when I saw it." He did not recognize persons about him, but gave the month and day correctly though not the date.

7. Content of Thought. The patient had both visual and auditory hallucinations. He was constantly seeing terrifying sights, particularly ugly animals, and hearing strange and disturbing sounds. He thought the nurses were trying to poison him.

Diagnosis.—Toxic delirium, accompanying influenza, in which the chief symptoms are delirium marked by clouding of consciousness, hallucinations, delusions and anxious excitement.

CASE II. I. W. R. State Psychopathic Hospital. Service No. 51. Kalamazoo State Hospital State Hospital Service 12902. Male, Age 76. Occupation, farmer.

Family History.—Father drank moderately. Mother died of apoplexy at 68. Two brothers died of cancer. Mother showed slight abnormal mental symptoms before death. All brothers drank moderately.

Make-up.—Early life uneventful. Common school education. Soldier at eighteen in Civil War. Happily married. Drank steadily for thirty-five years, about a quart of whiskey a week, and frequently intoxicated.

Previous Medical History.—No serious illnesses until the fall of 1905 when the patient was thrown from a wagon sustaining a compound fracture of the femur. Suppuration necessitated surgical intervention. Patient remained in bed twenty weeks. During this period alcohol of all kinds denied by attending physician and family. Mental symptoms appeared in March, 1906, following surgical operation. Patient became negativistic or unclear refusing food and developing the delusion that all members of his family would starve. Gradually became violent necessitating commitment to the State Psychopathic Hospital where he was admitted May 10, 1906. His residence there covered a period of eighteen weeks.

Course at Psychopathic Hospital.—Unable to walk unaided. Sinus in leg dressed daily. Catheterization necessary in May during a period of forty-eight hours. X-ray showed poor union. Leg was put in a plaster cast. Unable to walk unaided before discharge on September 22, 1906. Mental condition in resumé showed; slow reaction to questions, memory defect, disorientation except for city, attention difficult to hold, partial unclearness and confusion with incoherent mumbling speech, sleep impairment, and necessity of mechanical feeding in June. Diagnosis at time of discharge: Senile Dementia, with agitated depression and history of chronic alcoholism.

Course During Interval of Five Years Before Admission to Kalamazoo State Hospital.—Resistive at first refusing to eat at various intervals, emaciated. Although he refused to eat in the presence of others if he were left alone at table, would consume large quantities of food, and then would go to pantry for more. Physical condition grew steadily better, but mentally he remained peculiar, frequently refusing all conversation. Developed the delusion that the hired girl was getting all the money and that the family was going to ruin. Worked at intervals about the farm. Rarely or never disoriented for persons. In the summer of 1911 became vicious at times and attempted violence on his wife and the

hired man. Committed to Kalamazoo State Hospital December 7, 1911.

Course at Kalamazoo. Physical and Neurological Examinations.—Negative except for the following: Suspicion of mitral regurgitation and murmur, radial pulse of 106, absence of knee jerk on the right (the injured side), and failure to obtain the right cremasteric reflex and the abdominal reflex.

Clinical Course.—Inflammation of the right leg below knee noticeable a week after admission. From December 18 to January 26, variations in temperature, frequently elevated, 99.6 to 105 degrees. Tonsillitis existed when temperature was 105 degrees. Incision at site of old injury made on January 24, 1912, and on September 10, 1913, with evacuation of pus on both occasions. Occasionally untidy and steadily growing weaker until time of death on November 6, 1918. As late as August 5, 1918, slight discharge of pus from the leg in the right popliteal space. April 11, 1917, Wassermann on the blood negative.

Mental Condition While at Kalamazoo.—At time of admission: Resistive, extreme clouding of consciousness, disoriented for time and place, somatic delusions, memory disturbances, depressed, and untidy in habits. Later Course: Delusions of food being poisoned, nihilistic ideas expressed at times, occasionally untidy and resistive, irritable and suspicious. Definite hallucinations not obtained.

Diagnosed as a case of Senile Dementia with history of chronic alcoholism.

Post Mortem Examinations.—1. Gross Pathological Findings: Old surgical scars on right leg, fracture of right femur, slight sclerosis of aorta with dilatation of the arch, myo-endocarditis, chronic diffuse nephritis, congestion of the dura, leptomeningitis, severe internal hydrocephalus, slight patches of arteriosclerosis of the vessels of the pia and at junction of carotid and Sylvian arteries, and cystic choroid plexus.²

2. Summary of histopathological findings: "The alterations in the nerve tissues are so slight that they do not justify a diagnosis of any sort, except, perhaps, a very slight arteriosclerosis."³

"The absence of the plaques and the perfect condition of the nerve fibrils, and the moderate fatty degeneration involving the glia to a very slight extent would negative a diagnosis, on a pathological basis, of Dementia Senilis."³

Comment.—The above case is presented in detail because it offers the opportunity of following it through from the first appearance of the mental symptoms to the period of necropsy with subsequent gross and microscopic pathological findings. How difficult of diagnosis such cases are is evident from the fact that it was regarded clinically by the staffs of the State Psychopathic, and the Kalamazoo State Hospitals as primarily one of senile dementia, complicated with chronic alcoholism. The neuropathology would rule out either of these. This forces us to a consideration of a psychosis asso-

2. Gross pathological findings reported by courtesy of Dr. Eva Rawlings of Kalamazoo, and Dr. Adeline Gurd, Ann Arbor. Histopathological findings by courtesy of Dr. Adeline Gurd.

3. Dr. Adeline Gurd.

ciated with infectious disease. The mental symptoms did not appear until some time after a focal infection at the site of the fractured femur just above the right knee posteriorly. For thirteen years this site was either a healed over pocket of infection or a discharging sinus. During the periods of comparative physical recovery, the patient improved mentally. With the exacerbation of the infected condition there was a corresponding aggravation of mental symptoms. In spite of the alcoholic history, and of the supposed clinical symptoms of senile dementia, histological study of the brain substance showed no evidence of either alcoholic or senile changes. As a consequence it is impossible to rule out a toxic psychosis associated with a focal infection. As for arteriosclerosis, the tissue changes were not severe enough to warrant this diagnosis.

Case I is primarily a problem of the internist relative to diagnosis and treatment. The psychotic features are secondary. Case II is a little different involving the question of whether the psychosis is primary or secondary. It is more difficult than Case I, because of the probable close inter-relation of focal infection and mental symptoms complicated by a history of chronic alcoholism and a clinical picture not unlike dementia senilis.

CASE III. Reference 570. F. H. Female, Age 42. Housewife.

Family History.—One maternal uncle died of some heart complication. The father died of a similar disease at 66. One maternal cousin, insane.

Personal History.—Negative for nervous and mental diseases. Always nervous and jumpy. History of coitus-interruptus.

Present Trouble.—This began in November, 1917, and seems to have been a culmination of several physical let-downs. The illness in November was apparently temporary, but the patient was in bed much of the time until March, 1918. Condition diagnosed by the family physician at that time as "auto-intoxication." Most careful enquiry pointed to articular rheumatism. After March 1, 1918, the patient apparently recovered and nothing unusual was noticed until about the middle of June, 1918. Her conduct became peculiar. She would lock members of the family out of the house. She also expressed delusions of poisoning, had auditory hallucinations, and spoke of electrical influences.

Examination.—She looked about the room in a strange way as if hallucinated and apprehensive. She said, "There seem to be four sides to the house. There are too many names of the same kind in the family," etc. After some hesitation she stated that she preferred to write her difficulties rather than tell them. Thereupon she wrote an incoherent jumble of family names, which seemed in a vague way to trouble her. She was disoriented for time and persons, and performed simple mental processes with difficulty.

Diagnosis at that time (June 26, 1918): "Post-infectious psychosis, following some obscure somatic disease probably articular rheumatism." This diagnosis was confirmed by the course and symptoms of the mental state after the patient entered the hospital. She was discharged as recovered on August 21, 1918, and there is no history of a relapse or recurrence.

The next case is also a post infectious psychosis, but is of added interest because of the psychoneurotic features superadded. In this latter respect it is not unlike Case VIII.

CASE IV. Psychiatric Service 2493. M. S. Female, Age 42, Housewife. Admitted January 31, 1919; Discharged.

Family History.—Mother died at 56 following stroke of apoplexy—no mental deterioration. Father eccentric. One sister probably subnormal mentally. Another sister nervous.

Personal History.—Married late at age of 37. Difficulties with husband over household expenses. Series of misunderstandings between patient's family and husband's family over money matters. Patient feared husband was to give his money to his first wife's children. Family situation kept growing more and more acute.

Present Trouble.—The patient gave birth to a child on February 1, 1918. Since then she has worked harder than ever. About two months previous to the acute onset the patient became more nervous and excited over a piece of property which the husband had purchased on contract, thus preventing her being a party to its sale. On January 28, the patient became dejected and accused Dr. B. (the family physician) of wishing to kill her child. The infant was at that time suffering from influenza, but is now fully recovered. The physician thinks that the patient was also suffering from influenza although he is not quite sure of this. He thinks she had no delirium, but is sure she was depressed. She spoke of something commanding her that she was to take such and such a course of action. She could not carry out any goal idea but constantly returned to her one theme of her child being sick, that it would die and that she herself was not wanted. The husband reports that five or six days previous to this she cried much of the time during the day, and went so far as to get the child's burial clothes ready. Then her crying spells ceased. She refused food and medicine. She was brought to the hospital on January 31, 1919.

Course Here; Physical Examination.—Appearance that of an individual suffering from a mild toxic delirium, although temperature is normal. Axillary and inguinal adenopathy. Tongue thickly coated. Somewhat emaciated.

Neurological Examination (February 11). Bilateral conjunctiva lanesthesia. Distinct hypalgesia over entire body. Epigastric and abdominal reflexes not obtained. Knee and Achilles jerks increased.

Laboratory Examinations.—All negative.

Mental Status.—On admission the patient appeared perplexed and apprehensive, and showed a slight general restlessness for fifteen or sixteen days. After this period all positive neurological findings disappeared and the patient was less confused. On admission sleep disturbed by confused dreams, and

when not sleeping, patient complained of conflicting indistinguishable voices that sound like those of her quarrelling relatives. For the first two weeks the patient was partially unclear, and the stream of thought was frequently incoherent. Replies and remarks were frequently irrelevant such as: "I had a suit case. My tooth-brush is here. Why did they put a comb in my bed?" During this period there were delusions of unreality. She was sure her baby was dead and troublesome auditory hallucinations continued. These disappeared suddenly on the fifteenth or sixteenth day after admission. At the same time all disturbances of memory and thinking also subsided. With this change the patient's mood became slightly elated, and self-accusatory ideas (which had formerly been present) disappeared, and the patient seemed eager to adjust difficulties at home and to resume her domestic duties.

Diagnosis.—Toxic delirium, associated with an infectious disorder, probably influenza, in an individual of hysterical temperament.

Comment.—In view of the family situation prior to the acute illness and in view of the unclear state, and sensory disturbances, there is a suggestion of simple hysteria with unclearness; on the other hand the probability of an infectious somatic disorder complicates the diagnosis. This is favored by the fact that the patient's mental condition cleared up so rapidly after admission to the hospital, and all symptoms of a toxic disorder disappeared. The inter-relation between the physical disorder that had existed, and the previous difficult family situation had its evident psychic effect and consequently gives us a mixture of two conditions noted in the diagnosis.

CASE V. Psychiatric Service 2474. Male F. R. Age 24. Transferred to us from Contagious Ward because of over-active conduct.

Family History.—No previous serious illness. Attended school in Manilla, Philippine Islands, where he received his credentials for admission to the University of Michigan in October, 1918.

Present Trouble.—About Christmas time 1918, patient contracted influenza which was later complicated by pneumonia. He was treated in the Contagious Ward. After the fever subsided the patient made steady recovery. Then he began to show extreme restlessness and confusion. He was unclear, over-active, and apparently hallucinated. There were intervals of apparent normality. He was transferred to this ward and the case was first regarded as a post-influenzal psychosis. Examinations physical and neurological, could not be made because of the patient's extreme over-activity. Laboratory Examinations all negative. Mental Examination and Observation on the wards later left no doubt that we were dealing with a true psychosis. The chief symptoms were increased psychomotor activity, pressure of speech, flight of ideas, and distractibility. He was frequently decorative, at other times denuding or destructive, and frequently exhibited emotional instability. There were occasional mild expansive delusions and irritability. The

warm continuous bath and tincture of opium were effective.

Diagnosis.—Manic Depressive Insanity, Manic Phase, precipitated by and following influenza and pneumonia. The patient was discharged as recovered about two months after admission.

The chief point of interest here is that we are dealing with a true psychosis, precipitated by an infectious disease, and not a post-infectious mental condition. Diagnosis further confirmed by personal history of two or three hypomanic attacks annually for the past several years.

CASE VI. E. H. Psychiatric Service 2573. Male, Age 35. Steam Fitter and Plumber.

Family History.—Denied or unknown. Father is reported as having a high blood pressure but able to work daily. Steadily but moderately alcoholic. Several uncles on both sides of the house steadily alcoholic.

Make-up.—Somewhat retiring and seclusive although he is a member of a number of fraternal organizations; rather sensitive and difficult to become acquainted with, although for a few individuals he shows extreme attachment; steady worker; moderately but steadily alcoholic from seventeenth to thirtieth year. Married at 33.

Previous Medical History.—No history of serious physical illnesses or operations. About a year ago the patient expressed paranoid ideas thinking that his employer in the Ford Eagle Plant regarded him as a German spy. This idea was retained for a long period of time.

Present Trouble.—Last December the patient had influenza, lasting about two weeks. He returned to work before fully recovering from the effects of this illness. While at work he complained of indefinite pains in his head and lungs and the feeling of fear and tremor referred to the sternal region. Since this illness unstable emotionally and inclined to romancing over supposed serious accidents at the plant where he was working. Recently auditory hallucinations and ideas of reference. He has heard mysterious knockings on the walls, and would sit in the corner of a street car because he felt passengers were gazing at him. Within the past five weeks delusions that his wife and mother were trying to poison him. He has taken drugs from the house to local pharmacists to ascertain their nature.

Course Here.—Physical Examination: Negative except for certain sounds in the right pulmonary apex, somewhat suggestive of pulmonary tuberculosis. X-ray, however, is reported as negative for tuberculosis.

Neurological Examination.—Left pupil slightly irregular; right pupil reacts slightly to light; bilateral conjunctival anesthesia; marked intention tremor of the hands, fingers and arms on the F. F. T. Marked hypalgesia of the entire body amounting almost to an analgesia over the forearms. Laboratory Examinations all negative.

Mental Condition Here.—On admission the patient was somewhat suspicious in his attitude and accessible although he was apparently superficial in his narrative, and evasive. His manner suggested either an intellectual deficiency or the unnaturalness so frequently seen in cases of Dementia

Praecox. His manner was frequently light as well as his mood, and both out of harmony with the situation, and seemed to be an over-compensation for what he was apparently trying to cover up. Closer interview and questioning confirmed this, and brought out the following content of thought: Chiefly marital infidelity on the part of his wife, and earlier ideas of reference and persecution; personal ability to "see things at a distance." The patient asked for an interview a number of times but seemed to get nowhere. Finally he said, "I have a secret I wish to tell you. While at the Receiving Hospital in Detroit I kept everything from the staff and have been doing the same thing here, but I am afraid I cannot carry it through. My wife was unfaithful. My evidence is, just before coming here I called her up over the telephone, and without recognizing my voice she said, 'Is this Joe or Charlie?' One is a Ford man. That sort of thing had been going for about two months. I got evidence but not enough for court proceedings. I told her things were not right and she said, 'I'll put you where the dogs won't bother you.' She meant where nobody could get into touch with me. She used to stand at her window and look down with the shades of her window drawn. I could see what she was doing through a mirror but not to whom she was signalling. Her actions even during the day time showed that something wrong was going on. She was pink under the eyes. You know what that means (sexual significance). I had no other kind of evidence. We broke up housekeeping. She had a sign at the window marked 'for sale.' It was taken down when I came back. I thought she was selling out everything and 'beating it' with Joe or Charlie."

The patient is evasive when asked if anybody tried to poison him. He admits sending a bottle to the Board of Health. This was not returned to him. "At times I heard her in the kitchen stirring things in a pitcher. She never did that before, she was always prompt at meal time."

The patient then asks the physician to go with him to Detroit to get his brother-in-law on the telephone where he has a switch-board, and then permit him, (the patient) to call up his wife. "She doesn't know my voice. She thinks I am here. I will represent I am Charlie or Joe and thus have a chance to make a date 'on the going to bed stuff,' and see if she falls for it. I'll then get a woman detective and let her run it down. If I don't get it straightened, in time it will ruin me. I'd like her if she would cut out this monkey stuff. My father was against the match but I don't want her family to know anything except the brother-in-law I spoke of. It would kill her oldest sister who 'thinks the sun rises and sets in me.'"

The patient then reverts to his suspicions dating back to over a year ago when he imagined he was being taken for a German spy, and says that he has had no other trouble except with his wife, and that his one desire is to know who Joe and Charlie are. He then returns to his residence at the Receiving Hospital where he says, he was playing a part. "I had to do this or kill my own goat."

The patient then makes a more bold statement saying, "I know she has been keeping up relations with Joe and Charlie since I have been here. I was presented with the sensation that there were two

rooms, one like a court room, the other a bright room where people were dancing and having a high old time. I have the power of seeing things at a distance. In the court room I saw Joe and Charlie get out and go away into the dancing room. In the dancing room I looked in at the door and only saw a crowd of people. At home I have seen two people leaving at day-break." The patient says he is sure she has been unfaithful to him.

This note on the patient's mental condition was made on May 15. The physician suggested to the patient that he leave the case in the physician's hands and allow him to handle the situation, and if there was anything in it the physician would find it out. Since that time the patient has been visited twice by his wife. On the first visit he was still somewhat suspicious, but on the second visit this had apparently disappeared.

Today, June 9, he states that from the moment the physician said he would handle the situation he was sure that his wife had stopped all of her queer actions, and he wishes to look upon the things as completely of the past and forgotten.

He has enough insight to see that his father and mother are taking the part of his wife and he believes it would be unwise to pursue the matter any further.

The manner of the patient is still somewhat unnatural. He laughs rather light-heartedly in referring to certain things. Will not quite admit that he does not still have the power to "see things at a distance" but believes that he had better "cut out that stuff."

Comment.—The case first looked like a simple post-infectious psychosis following influenza, but on close study of the case, particularly with reference to the patient's paranoid ideas for a year preceding his influenza, and because of the persistence of this paranoid tendency, particularly with reference to his wife, we seem rather to have a psychosis, not post-infectious, but a frank psychosis precipitated by a physical let-down. The features are those of paranoid Dementia Praecox, which is suggested by the paranoid tendency existing long before the influenza, and by the ideas of marital infidelity and telepathic ideas, which the patient still insists he has. This diagnosis is also confirmed by the patient's general manner. Alcoholic paranoia is with difficulty ruled out because of the history of long standing and steady alcoholism; this was confined, however, to beer drinking, on an average of a glass or two a day. While the patient's reactions do not appear to be those of alcoholism it is difficult to rule out the influence that it may have on the general picture. While on the whole it looks like a case of Dementia Praecox this should by no means be regarded as an absolute diagnosis.

CASE VII. Psychiatric Service 2528, H. T. Female, Age 27, Occupation, Housemaid.

Family History.—The father and mother separat-

ed. Mother is a prostitute and a bad woman in every respect according to the anamnesis furnished by the State Industrial Home for Girls at Adrian. On one occasion she threatened the prosecutor and herself.

Personal History.—The patient was admitted to the State Industrial School in 1904 and discharged in 1910. She was reported as willful and vicious at times, and attended school only when compelled to do so. This was before admission. Her record at the State Industrial School is that of a good girl unusually quiet, capable and trusty. She had the usual diseases of childhood with good recovery. She had frequent pharyngitis and tonsillitis during childhood. Headaches about once a month to the twenty-fifth year. For the past seven years there has been pain over the right ovary at the beginning of the menstrual periods. Two and a half years ago she had a severe attack of tonsillitis, lasting about three days with elevated temperature. Two years ago while working at the Belding Silk Factory the patient became very nervous. As this "worked on her" it affected, according to her own account, her right knee so seriously that she could not keep up her work. The knee "bothered" her for nearly a year and a half. The pains in the knee suddenly got better, but became more intense in the right inguinal region. She came to the Homeopathic Hospital for treatment for this condition on February 23, 1919. Two days later she insisted on leaving the Homeopathic Hospital against advice, wandered about the town for several hours and was finally brought back by a Y. W. C. A. worker. The patient had fifty dollars on her person when she left the hospital. It was gone upon her return. A few days later she developed more marked mental symptoms, was referred to the Psychopathic Hospital and admitted on March 14.

Course Here. Physical Examination.—Negative except for apical abscess of a right molar which developed two weeks after admission.

Gynecological Examination.—Negative except for pruritis vulvae.

Neurological Examinations.—Negative.

Laboratory Examinations.—Negative except for a number of W. B. C. in the urine, probably from the pruritis. Blood count at the Homeopathic Hospital February 23, 1919, 13,600 WBC. Blood count here negative.

Mental Examination.—Ever since admission to the hospital the patient has had the appearance of being perplexed, apprehensive and unclear. In view of this attitude and of the subjective account of "knee trouble" it was at first thought that we were dealing with a case of post-infectious psychosis following articular rheumatism. Communication with the Homeopathic Hospital and with the family physician elicited no history, however, of any recent illness or febrile condition. Routine mental examination brought out the following points:

1. General appearance that of mild apprehension and slight unclearness. The patient tries to co-operate, however, at all times. She is quite respectful, and accessible, though slow in her movements and in her speech. She frequently looks at the examiner in a perplexed way, gazes about the room as if hallucinated, and appears to be in a dream state.

2. All movements, as well as speech, are slow, either the result of psychomotor retardation or of blocking. Occasionally she replies to a question several minutes after it has been asked, and seems especially eager to reply if the examiner prepares to leave the room.

3. Sleep: The patient complains of not sleeping well. She reports frequent dreams, but when questioned as to whether she is sure they are dreams, she hesitates and says, "Perhaps ——— I think I thought it last night." Her "dreams" are of great significance. The following is typical: "I dreamed I went somewhere and saw men and automobiles. One man had dark eyes and was a German. I saw two babies; one was asleep, and the other wasn't; one was crying and the other had its eyes open. Then I went into the house and I seemed to have blue eyes and light hair (the patient has dark hair and eyes) and I was glad and happy about it." It is this dream (?) that she thinks she "thought."

4. Comprehension: is not disturbed, but the patient's attention frequently lags seemingly because she is lost in her own abstractions.

5. Stream of thought shows almost as typical a blocking as it is possible to see. She starts to reply to a question, seems to have forgotten it, hesitates, begins again, sighs, and when the examiner asks another question she replies to the first. It frequently resolves itself into an ambivalence or ambivalency. This will be seen in the narrative of the patient. It is the same in respect to purposeful movements. She begins, then stops. At times she has had a retention of urine. When taken to the toilet she sits for a long time, says she cannot pass her water, but wishes instead to be allowed to defecate.

6. The Content of Thought shows two interesting features: auditory hallucinations, and desire, as she puts it, "to have a man." About this desire "to have a man" is woven an extremely interesting sexual fantasy. In her own words, "A year or two ago I used to masturbate. I felt sorry afterwards and thought it was wrong. Then I used to think I wanted to get married, but I never found the right man. Some wanted me, but I didn't like them. Before my knee hurt me at Belding I decided to go West; I felt nervous. I thought I would go and get a man. I went to Colorado, Denver, and worked at a restaurant. One day a man came in. I cared for him, perhaps he cared for me. He didn't say anything, but he wrote me after I came back. I thought I wanted to marry him. I liked the looks of him. I thought he was 36, but he was really 51. Now, that is strange, isn't it?"

At another interview the patient states that eight and a half years ago her father used to come to her and place his genitals against hers, but never made intromission. She would handle his parts. Three years ago she did the same thing with a cousin, and again for three or four times with her father last September. (Gynecological examination shows imperforate hymen).

While at the Homeopathic Hospital the patient made a suicidal attempt. When asked the reason she answered, "Because I was afraid I couldn't see my father again. I wanted to tell him I was sorry." Also, while at the Homeopathic Hospital she says she heard the voices of girls saying, "You like your father, you slept with him, and I thought that was

wrong because that is the way married folks do. There I said strange things such as "Father pissed in it, and mother shit in it." My father was there when I said those things. That is why I want him to come to tell him I am sorry."

At this hospital she has heard voices say, "You cheated, because you liked your father." Then the patient says in comment, "I liked my father because I liked everyone, I guess." Then she looks questioningly at the examiner asking "That's all right to like everyone?" Then breaks off rather abruptly and says, "But you can't like everyone. Then the voices said they were going to cheat me; they meant they were going to prevent me going out with a gentleman friend, Americans I guess, not Germans." When asked how one can hear voices she replies, "I hear voices in my mind. I don't know as I hear voices, but I think I hear them."

7. Orientation. The patient is oriented for person and place, but only partially oriented for time, missing the day and date, but giving the year and month.

8. Narrative. This was given in the form of the patient's own anamnesis. When questioned about incidents of the day when she left the Homeopathic Hospital, she states that she left the hospital about 11 a. m. and walked steadily until about 2 p. m. It seemed as though the doctors were after me to see how far I could walk to test my heart. I went to the Ann Arbor restaurant for dinner. Once I went into a shoe store to send a telegram; then to a grocery store; I was looking for the depot to send the telegram to my father. When questioned about her money, she says she gave it to her father. She becomes somewhat confused at this point, knowing her father was not in the city, but insists that she gave it to no other man. After lunch she returned to the Y. W. C. A., and says while there she felt sick, as though she were going to die. It was after this that she was returned to the Homeopathic Hospital.

9. Insight: Is not perfect. She knows she is nervous and worried, but she has no complaint except "a pain in the side." When asked why she looks about the room in so strange a way she answers, "I feel as if something were on my head drawing it, a machine of some kind." She then looks at her hands and says, "I am not clean, yes I am clean, but I am not clean inside. My blood is gone. Sometimes I have quite a bit, and then I don't have very much. I think it is caked." (Do you feel changed?) "Not until last night when I thought I had light hair and blue eyes, but I liked them last night. I thought she was a German girl."

10. Ward Notes, April 9, 1919.

The patient is clear, well oriented, knows that the physician has been away a week; gives the day and month correctly; misses the date by two days. She states that the feelings of her head of being drawn as if by a machine have disappeared, and that things seem more real except when she thinks too much. When asked what she thinks she gives a reply that is evidence of auditory hallucinations: "I hear them saying that she is going to have a dirty rotten baby. I can't see how that is." She then looks out of the window in a perplexed way and continues, "I saw a soldier this morning and thought I liked the looks of him. He looked as if he was waiting for something, to see what I was

going to do in the window, but I wasn't. I was going to put the window up. I hear someone say 'throw it,' 'throw it.'" (Throw what?) "A touch of passion I guess. I don't understand that very well. A touch of passion I guess. I don't understand that very well. A touch of passion for children, I guess." When questioned about her somatic complaints she states that she now feels more like herself than when she came into the hospital. She has no pains in the side, "No pains anywhere."

For the past two months there has been no noticeable change in the patient's condition unless it is a slight deterioration. Her manner is more frequently silly and there is frequent unmotivated laughter. She insists that she still hears voices. There is still evidence of blocking. Her replies when she is interviewed come with abruptness and in a choppy manner, with long intervals between questions and answers. The answers are frequently explosive. She has been erotic at all times. She continually says she wants a man to sleep with her and asked the physician if he would not do so. When asked why she laughs when she is touched on the arm she replies, "Because it gives me pleasure." There have been one or two brief episodes of excitement when she has imagined that the Germans and Catholics are against her.

Diagnosis.—The diagnosis in this case is one of the most difficult of all the cases considered. She seems to present a picture and difficulties quite similar to one or two of the seven cases presented by Hoch and Kerby in the April number, 1919, of the *Archives of Neurology and Psychiatry* under the caption, "A Clinical Study of Psychoses Characterized by Distressed Perplexity." The principal features in these cases are:

1. Perplexity in facial expression and utterances.
2. Marked distress accompanied either by restlessness or phenomena of inhibition.
3. A feeling of guilt which the patient cannot formulate; which is projected in the form of accusatory hallucinations against which the patient protests, that is, does not accept.
4. There is often a constitutional basis and the psychosis is frequently of apparently short duration. Quoting Hoch exactly: "As to the clinical position of these cases, it was shown that the reaction as such has a certain relationship to the manic depressive reactions, that features of it, and possibly the pure clinical picture, may occur of a toxic infectious etiology, and also in typical form. It has occurred in a case whose further course was that of Dementia Praecox." It was pointed out that the same is true in the case of the manic and stupor reactions.

Hence the case before us seems to lie between a depression with perplexity; a toxic infectious psychosis with perplexity, and a dementia praecox with perplexity. It is rather hazardous to risk a positive diagnosis at this stage. The history of unclearness, however, on the day the patient wandered away from the Homeopathic Hospital and the evidence of fantasies of a sexual nature, with pronounced wish-longings, together with ambivalent tendencies point somewhat strongly to dementia praecox. Whether the perplexity in the case is due to negativistic and agnostic impulses, or whether the perplexity produces what appears to be either retardation or blocking, it is hard to determine. Ex-

cept for the dream (?) in which the patient conceived herself as having light hair and blue eyes, there is no positive evidence of disintegration.

However that may be as the case progressed one could almost see the unfolding of the schizophrenic mechanisms with an effect not unlike the ultra rapid moving picture device which enables one to get the most rapid and complex movements of the athletes' gymnastics. Unlike case six there is no definite evidence yet of progressive deterioration.

Case VIII. Neurological Service. Courtesy of Dr. C. D. Camp. R. G. Female, Age 40, Housewife. Married.

Family History.—Two aunts and uncles have epileptic seizures.

Make-up.—Eighth grade education at fourteen. Somewhat nervous all her life. Given to day dreaming as well as night dreams.

Personal History.—Sick headaches all her life, but not severe enough to confine her to bed. Five years ago they became more severe and have been worse in the last two years.

Present Trouble.—Dates back about two years. Headaches began in forehead involving the back of neck, and lasting as long as five days at a time. During the attack she has photo-phobia; is nauseated and sometimes vomits. She also experiences numbness, but has had no disturbance of visions. She sometimes falls backwards; feels herself "going" but cannot talk. These attacks are only momentary. The headache ceases after her "falling back."

Examination.—Facial expression somewhat epileptic. Teeth show pyorrhea. No paralysis. Considerable medium tremor of extended hands. The pupils react somewhat sluggishly. Anesthesia of the conjunctivae on both sides. Hearing on the left somewhat obtunded. Optic nerve on the right eye pale and deeply cupped.

The above history and examination was made on December 11, 1919. Diagnosis—Migraine.

The patient returned March 20, and states that four weeks ago she was taken sick. Since then she has had nasalized speech. She has become weak and says that she has had tremors of the hands. She is now so weak that she cannot walk alone. No diplopia. She complains of continual sleepiness, being able to sleep at any time and anywhere. The husband states that she falls asleep in a chair. The face is expressionless, rarely winking. Pupils unequal, right being larger than left. Slight bilateral ptosis. She does not draw back either angle of the mouth in showing the teeth. The teeth are dry, gums sore and red. On sound formation the soft palate rises very slightly to the left. There is a marked intention tremor equal on both sides and occasionally a slight tremor at rest. Knee jerks negative. Intention tremors in both legs. Pulse weak, fairly regular, 120 per minute.

Laboratory Examinations.—Lumbar puncture two cells. Carbotic faintly positive. Both phases of the Nonne Apelt test, negative. Reducing substance normal. Blood Wassermann, negative. On two different occasions Spinal Fluid negative. Gold Curve 00011100000.

Ophthalmology reports negative fundus.

X-Ray.—The head negative.

Gynecology Examination.—Negative.

Diagnosis on Second Admission.—Lethargic Encephalitis.

The case was referred to us March 28, 1919. The patient appears apprehensive, restless and slightly emaciated. There is a moderate psychomotor retardation, and marked facial tremors, particularly at either angle of the mouth when the patient is speaking. It is a nasalized speech and different, according to the patient's statement, from what it is when she is well. Handwriting is tremulous. Sleep: The patient states that she dreams a great deal. Before coming here she dreamed of her father coming back to her. She states that she has always liked him better than her mother. Comprehension is unimpaired but there is a slight distractibility of attention. The patient is apprehensive about the outcome of her illness, frequently asking what is the nature of her trouble, and when she can go home.

The chief item of interest in the case is the patient's narrative. She states that shortly after she was married (that was 22 years ago) she wondered if her father would approve of the marriage. Shortly after that he appeared to her as in a vision saying "Babe don't worry." Since that time she has not worried about her marriage. She states that she has always been sexually frigid, and then repeats the account noted by Dr. Camp of fainting spells—that they existed for about three years; they are precipitated by disconcerting or unpleasant situations. Her vomitus is frequently watery. She does not lose consciousness, although everything about her seems dark. During these attacks there is Astasia Abasia, generalized body tremors, globus hystericus and gastric complaints.

She gives a history of having an almost complete aphonia previous to her present illness; that she had nothing but a whispered voice, even though she was not suffering from an ordinary cold.

Last summer, she states, that her mind seemed as if it were outside of her body. She tried to say things but could not. On certain occasions she reports what appear to be auditory hallucinations. She could hear the voices of her son and daughter when she knew they were out of the house or asleep.

Neurological Examination for sensory changes shows tenderness on pressure over erogenous zones. She has a general hyperalgesia. This appears to have come on since her lumbar puncture.

This last case is extremely interesting from several points of view. First of all clinicians and pathologists are not quite agreed on just what the term "lethargic encephalitis" denotes. Saint Martin and Lhermetti⁴ report two cases which they call "primary poliomesen-cephalitis with narcolepsie." They insist that the two fundamental symptoms in this disease represented by these two cases are complete bilateral paralysis of the third nerve, and hypersomnia. For this reason it is to be differentiated from the acute hemorrhagic poliomyelitis of Gayet-Wernicke which show symptoms not found in their cases, symptoms such as mild delirium, unclearness with hallucinations, changes in the reflexes, speech disturbances, mild facial palsies, sometimes even hemiplegias and especially cere-

4. Bull. de la Soc. Med. des Hospitaux, 17 May, 1918.

bellar symptoms such as tremors, ataxia, asynergias, and finally infectious or toxic processes. None of these exist in their two cases which they look upon as non-infectious, non-toxic because of the general condition and very mildly elevated temperature. Hence their cases should not be confused with "lethargic encephalitis" of the human trypanosome where the lesion is more diffuse involving the cortex of both the encephalon and the brain-stem. They also speak of a syndrome, more like a toxic psychosis which deserves the name of "infectious encephalitis."

In the same bulletin under date of May 24, 1918, Marie and Tretiakoff report findings on two autopsied cases as follows:

1. Acute inflammatory process at the level of the isthmus of the encephalon.
2. More marked inflammatory processes in the region of the cerebral peduncles with the superior limit passing through the basal ganglia and the inferior through the lower portion of the bulb.
3. Cord, Cerebral cortex and Cerebellum negative.
4. Lesions primarily in the gray substance of the regions noted with Wallerian degeneration of the fibres.
5. Histopathological (a) H. & E. stain shows ruptured vessels and small hemorrhages with infiltration into the parenchyma. (b) Bielchowsky stain shows that pathological changes attain their maximum at the level of the *locus niger* (section of crus cerebri between the tegmentum and the crista). After this the most pronounced change is a very marked inflammatory process of periventricular gray matter, especially in the region of the nuclei of the third cranial nerves. Marinesco reports three autopsied cases: two of them with lesions in the floor of the fourth ventricle and in the aqueduct of Sylvius; and one with lesions in the cerebellum. He finds a plasma cell infiltration through the parenchyma in addition to that in the perivascular spaces. In these regions the nerve cells are not

affected and thus the disease differs from poliomyelitis. But he does find nerve cell degeneration in the Locus Niger and in the Locus Caeruleus, (pigmented eminence in the floor of the fourth ventricle). He thinks the infection is by way of the lymphatics, the lymph-nodes and the mucous membranes. He too insists on the distinction from the polio-encephalitis of Wernicke.

The case before us is not, then, like the two reported by Saint Martin and Lhermetti as "primary polio-encephalitis with narcolepsie;" but because of the neurological findings is more like the so-called "lethargic" cases autopsied by Marie and Tretiakoff. In addition our case presents further diagnostic difficulties in that we have an infectious process with neurological abnormalities in an individual whose past history is that of an hysterical type, and in whom hysterical stigmata still persist. These stigmata rule out consideration of dementia praecox, in spite of the history of hallucinations.

In conclusion, then, it is quite evident, as stated in the opening paragraph that the neuropsychiatrist is confronted with very troublesome problems of differential diagnosis when he meets psychoses associated with infectious diseases which might be mistaken for true psychoses in relatively mild forms, but in the acute stages. Hysteria and Dementia Praecox offer the most troublesome details of the difficulties. Moreover, there are certain obscure cases, such as Case III, which may run a long course, and in which both physical and mental conditions may parallel each other. The danger in such cases seems to be that of over-looking the infectious or toxic element. This particular case reveals the necessity of correlating neuropathological with clinical findings. The same necessity is apparent from what was said under the subject of lethargic encephalitis.

THE TOLL OF THE NURSES.

A sacred constellation of one hundred and eighty-four gold stars on the service flag of the American Red Cross Department of Nursing at Washington is the silent token of the supreme sacrifice made by that number of American nurses. The record is still incomplete and when this roll of honour is finally closed it is probable that the names of fully two hundred American women who have laid their lives on the altar of freedom will have been inscribed upon it.

Death came to American nurses in many forms. Striving against hopeless odds to check the epidemic of influenza that swept over the training camps in this country last fall nearly a hundred nurses themselves succumbed to the scourge. Many more were victims of the disease when it

raged in the war zone. Ministering to the wounded in France other American nurses were killed by Hun ruthlessness in airplane raids.

But the American nurse who gave her life to the cause of Liberty did not die in vain. Into the shadowy beyond there went with her the prayers and murmurs of gratitude of those she succored. High military leaders gave their word of praise and appreciation for faithfulness that never faltered, while in homes saddened by the loss of the loved one there is imperishable pride.

Tuberculin "B. E." (Bacillus Emulsion)—Lederle.
—Marketed in vials containing 1 Cc. For a description of New Tuberculin, see New and Non-official Remedies, 1919, p. 280. Schieffelin and Co., New York.

Minutes of the Fifty-Fourth Annual Meeting of the Michigan State Medical Society at Detroit May 21, 22 and 23, 1919

MINUTES OF THE COUNCIL.

The Annual Meeting of the Council was called to order by the Chairman, Dr. W. J. Kay, at the Hotel Statler, May 20th, at 6:00 P. M.

The following Councilors were present: W. J. Kay, Guy L. Kiefer, L. W. Toles, B. Jackson, W. J. DuBois, W. T. Dodge, A. L. Seeley, W. G. Bird, President Hume, and Secretary pro tem D. Emmett Welsh.

On motion of Dr. Du Bois the minutes of the January meeting were approved. Supported and carried.

Moved by Dr. DuBois and supported by Dr. Bird that the resignation of Dr. F. C. Witter, formerly of Petoskey and Councilor of the Thirteenth District, be accepted inasmuch as Dr. Witter is now a resident of Detroit. Carried.

Dr. Welsh read the following trial balance and report of the number of delinquent members and members in good standing in each county society.

Trial Balance, April 30, 1919.

The Grand Rapids Sav. Bank	\$4,879.05	
Liberty Bond Account	4,500.00	
Bond Account	4,300.00	
Journal Expense	1,669.66	
Society Expense	913.32	
Accounts Receivable	846.33	
Council Expense	184.24	
Reprint Expense	100.80	
Present Worth Account		\$10,739.80
Journal Subscriptions		2,729.54
State Society Dues		1,709.00
Advertising Sales		1,281.84
Defense Fund		626.00
Reprint Sales		183.85
Interest Received		95.12
Oakland County Med. Soc.		17.00
Outside Subscription Sales		10.50
Sale of Extra Journals		.75
	<u>\$17,393.40</u>	<u>\$17,393.40</u>

Number of Delinquent Members and Number of Members in Good Standing.

	O. K.	N. G.
Alpena	None	19
Antrim	2	22
Barry	2	0
Bay	50	9
Benzie	6	1

	O. K.	N. G.
Berrien	23	15
Branch	14	4
Calhoun	96	6
Cass	4	4
Cheboygan	4	1
Chippewa-Luce-Mackinac	24	9
Clinton	19	6
Delta	18	5
Dickinson-Iron	None	19
Eaton	27	10
Genesee	93	13
Gogebic	13	3
Grand Traverse-Leelanau	23	5
Gratiot-Isabella-Clare	24	12
Hillsdale	4	12
Houghton	31	28
Huron	12	6
Ionia	20	10
Ingham	49	28
Jackson	50	5
Kalamazoo	119	19
Kent	148	20
Lapeer	24	4
Lenawee	27	9
Livingston	4	8
Macomb	18	6
Manistee	None	12
Marquette	22	18
Mason	7	3
Mecosta	11	4
Menominee	9	5
Midland	4	5
Monroe	21	5
Montcalm	20	8
Muskegon	48	6
Newaygo	7	2
Oakland	47	7
O. M. C. O. R. O.	5	10
Ontonagon	5	4
Osceola Lake	None	7
Ottawa	22	4
Presque Isle	1	1
Saginaw	51	22
Sanilac	14	3
Schoolcraft	7	None
Shiawassee	10	24
St. Clair	32	21
St. Joseph	2	7
Tri	18	8
Tuscola	18	9
Washtenaw	60	20
Wayne	637	264
	<u>2026</u>	<u>797</u>

2026 includes dues of Doctors in Service which have been paid by County Societies.

797 includes members whose dues for 1919 are not

paid, but whose dues were paid either in 1917 or 1918.

Moved by Dr. Toles and supported by Dr. DuBois that no names of members in the Service who have not paid their dues, be published in the *Journal*. Carried.

A motion was made by Dr. Dodge and supported by Dr. Seeley to print a new revised edition of the Constitution and By-Laws of the State Society, the number to be decided by the Secretary, and the same to be printed in the *Journal*. Carried.

Dr. Welsh read the following reports of contributors and amounts contributed towards the Victory number of the *Journal*.

Contributions From the County Societies to the Victory Number of the Journal.

Bay	\$50.00
Berrien	25.00
Calhoun	50.00
Cheboygan (Personal donation of Doctor C. B. Tweedale of Cheboygan)	3.00
Chippewa-Luce-Mackinac	25.00
Eaton	28.00
Gratiot-Isabella-Clare	25.00
Grand Traverse-Leelanau	25.00
Genesee	50.00
Hillsdale	25.00
Houghton	25.00
Ingham	50.00
Jackson	50.00
Kalamazoo	50.00
Kent	150.00
Lenawee	25.00
Livingston	20.00
Mecosta	25.00
Monroe	25.00
Montcalm	19.00
Muskegon	50.00
Oceana	10.00
O. M. C. O. R. O.	25.00
Ontonagon	15.00
Ottawa	10.00
Saginaw	50.00
Schoolcraft	7.00
Shiawassee	24.19
St. Clair	50.00
Tuscola	25.00
Washtenaw	50.00
Wayne	200.00
Marquette	50.00

\$1,311.19

Donations From the President, Councilors, Past Presidents and Members of the Michigan State Board of Registration in Medicine.

Biddle, A. P.	\$ 5.00
Bird, W. G.	5.00
Buckland, R. S.	5.00
Burr, C. B.	5.00
Cameron, D. A.	5.00
Carstens, J. H.	5.00
Church, S. K.	5.00
Connor, G. L.	5.00

Harison, B. D.	5.00
Holdsworth, F.	5.00
Hornbogen, A. W.	5.00
Hume, A. H.	5.00
Inglis, David	5.00
Jackson, J. B.	5.00
Kay, W. J.	5.00
Kiefer, G. L.	5.00
Kinsman, E. C.	5.00
Lawbaugh, A. E.	5.00
LeFevre, G. L.	5.00
McLaughlin, N.	5.00
McLurg, J.	5.00
Nyland, A.	5.00
Olin, R. M.	5.00
Ostrander, H.	5.00
Peterson, R.	5.00
Sawyer, W. H.	5.00
Seeley, A. L.	5.00
Shipp, W. S.	5.00
Southworth, C. T.	5.00
Stockwell, C. B.	5.00
Tibbals, F. B.	5.00
Toles, L. W.	5.00
Witter, F. C.	5.00

\$165.00

Contributions From Hospitals Towards Victory Number of Journal.

Ann Arbor Private Hospital, Ann Arbor ..	\$ 10.00
Bay City Hospital, Bay City	10.00
Butterworth Hospital, Grand Rapids	10.00
Children's Hospital, Detroit	10.00
DeVore Hospital, Grand Rapids	15.00
Grace Hospital, Detroit	10.00
Hackley Hospital, Muskegon	10.00
Harper Hospital, Detroit	20.00
Hurley Hospital, Flint	10.00
Mercy Hospital, Bay City	10.00
Mercy Hospital, Benton Harbor	10.00
Mercy Hospital, Muskegon	10.00
Nichols Memorial Hospital, Battle Creek..	10.00
Petoskey Hospital, Petoskey	10.00
Providence Hospital, Detroit	10.00
Saginaw General Hospital, Saginaw	10.00
Sparrow Hospital, Lansing—Ingham Co.	10.00
St. Mary's Hos., Detroit—Dr. W. Wilson ..	10.00
St. Mary's Hospital, Grand Rapids	10.00
St. Mary's Hospital, Marquette—A. W. Hornbogen	5.00
St. Mary's Hospital, Saginaw	10.00
St. Joseph's, Menominee	10.00
Woman's Hospital, Saginaw	10.00

\$240.00

Blodgett Hospital, Grand Rapids, promised 10.00

\$250.00

Total.

County Societies	\$1,311.19
Hospitals	250.00
Officers	165.00
<hr/>	
\$1,726.19	

Moved by Dr. Seeley and supported by Dr. Jackson that the extra copies of the *Journal* be sold at twenty-five cents per copy, the full page

cuts at three dollars, the group cuts at \$1.50 per individual picture, and a notice of same to be published in the *Journal*.

Motion made by Dr. Hume and supported by Dr. DuBois to give Secretary's stenographer a two hundred dollar honorarium.

Session adjourned.

SECOND SESSION.

The Second session of the Council was called to order at the Hotel Statler Thursday noon, May 22nd.

On motion of Dr. Dodge and supported by Dr. Seeley, Dr. Guy L. Connor was chosen associate editor in Detroit on a salary of fifty dollars per month.

The thanks of the Council were extended to the Wayne County Medical Society and the committee on arrangements for their entertainment, etc. on motion of Dr. Dodge.

Adjourned.

HOUSE OF DELEGATES.

The House of Delegates of the 54th Annual Meeting of the Michigan State Medical Society was called to order at the Hotel Statler, Detroit, at 7:00 P. M., May 20th, 1919, with President Hume presiding.

Roll call.

It was moved and seconded that the minutes of the last meeting as published in the June, 1918, *Journal* be considered read. Carried.

Dr. W. J. Kay: Chairman of Council.

There are two or three things to be brought before the House of Delegates for consideration, not so much to act upon but for the men present to correct, and one of these conditions is the present membership of the State Society. The financial condition of the Society is good. The present worth account on January 1, 1919 was \$10,739.80. The membership is smaller than it was in 1918—797 less. About eight hundred Michigan men went into the Service. The dues of those members were to be remitted by the County Societies. In order to keep square with the post office department, the County Societies took it upon themselves to pay to the State Society the subscription price of \$1.50 for the men in the Service. Some of the County Societies have done that and some have not. In our by-laws we have a resolution stating that all members should be dropped after April 1st for non payment of their dues. We did not enforce that law this year because it would be

unfair to the men in Service. You representatives of the County Societies should go home and tackle this matter good and strong. A large portion of these delinquents are men who are in the Service whose *Journal* subscriptions have not been paid. They must be paid by somebody to keep square with the Government, otherwise we will be violating the postal regulations.

Another matter is the resignation of Dr. F. C. Witter on account of his removal to Detroit. It will be necessary to elect a new Councilor of the 13th District.

President Hume:

I am glad that Dr. Kay told you something about the condition of your Society and mine. You came here as delegates to represent your County Medical Societies, and also to carry back to your Societies any message that comes from the State Society that should come to your county societies. You understand this: that a large number of our members' dues are in arrears. You have not paid what you agreed to pay for the men in the Service. It is your duty to go home and see that their dues are paid. You promised to do it and you must do it. These men must not be suspended. We cannot send them their *Journals* unless their dues are paid. Take this to Jarshua. This applies to the larger county societies as well as the smaller. This is a matter with which you should become thoroughly acquainted because you are responsible for the management of this society. What the Secretary-Editor's office has done in way of arranging for this meeting and the Victory number of the *Journal* is a credit to the Society and a pride to each one of you. Without being mercenary a Victory copy of the *Journal* may be had for twenty-five cents.

Dr. F. B. Walker moved that the report of the Council be accepted. Supported and carried.

Dr. Hornbogen reported for our Delegates to the American Medical Association.

Report of the Committee on Civic and Industrial Relation. Dr. F. B. Walker:

This committee was appointed about two years ago, and in 1916 and 1917 this committee met in the winter and spring in Detroit and was doing business gathering some facts together with the idea of making a report, but as you remember the meeting place and time were changed and I do not know if any committee reports were made during last year. Since coming home I have corresponded with Dr. Peter-

son, knowing he was in the State during the war period and asked him what had been done, but regret to say practically nothing has been done. We were getting information two years ago not only from our own States but from abroad. Everything is in a turmoil and confusion and it will take another year to make anything definite. Something has been done in some of the States as Federal reports will show, even in our own State but no definite report can be made at this time.

President Hume:

This is a good report and it shows that the committee has been as active as war conditions would permit it to be. Your report will be placed on file.

The following nominations were made for the personnel of the Nominating Committee:

C. D. Brooks, Detroit, 1st District.
A. W. Hornbogen, Marquette, 12th District.
J. D. Brooks, Grandville, 5th District.
E. J. Witt, St. Joseph, 3rd District.
A. E. West, Kalamazoo, 4th District.

It was moved and supported that the nominations be closed and a unanimous vote be cast for the above mentioned candidates for the nominating committee. Carried.

The President appointed the following business Committee:

C. H. Baker, Bay City Bay
F. E. Luton, St. Johns Clinton
A. V. Wenger, Grand Rapids Kent
C. McCormick, Owosso Shiawassee
C. Brooks, Detroit Wayne
Adjourned.

SECOND SESSION.

The second session of the House of Delegates was called to order at the Hotel Statler at 9 A. M. by the President, with a majority of the delegates present.

President Hume: If there are no objections we will let the roll call take the place of the credentials.

A request was made that the question of the Wayne County closed hospitals be taken up by the business committee. Referred to the Business Committee.

President Hume stated that there would be a meeting of the Committee on Nominations after the Meeting of the House of Delegates.

Adjourned.

THIRD SESSION.

The third session of the House of Delegates was called to order by President Hume at 8

A. M. at the Hotel Statler Thursday, May 22.
Roll Call.

The business committee through its chairman submitted the following report:

Mr. Chairman and Members of the House of Delegates of the Michigan State Medical Society:

Pursuant to action taken by your Business Committee the following resolutions are submitted for your consideration.

1. Be It Resolved—That The Michigan State Medical Society place itself on record as opposed to "Compulsory Health Insurance" and that a copy of this resolution be forwarded to the proper committee of the House of Delegates of the American Medical Association to make it useful in combating legislation for "Compulsory Health Insurance."

2. Be It Resolved—That all papers read before the State Medical Society become the property of the State Journal for publication and that the author be entitled to 100 reprints free of charge.

Be It Further Resolved—That all papers read before the several county societies become the property of the county society before which they are read and be made available for publication in the State Journal and that the author be entitled to 100 reprints free of charge.

3. Be It Resolved—That the Secretary of the State Society submit to the county societies bills covering the amount of delinquent subscriptions of members in military service; as promised by such societies.

4. Be It Resolved—That it is the sense of this Society that all public and semi-public hospitals should be open to any reputable and legally qualified physician and his patients. That this be referred to a Special Committee, appointed by the President to report at next annual meeting.

C. H. Baker, Chairman.
Dr. Brooks,
Dr. Robinson,
Dr. Luton,
Dr. A. V. Wenger.

It was moved and seconded that we have published in the *Journal* the duties and necessary steps of the County Society medico-legal representative. Carried.

A motion was made and supported that the railroad fare and essential hotel expenses be paid by the State Society of the delegates to the American Medical Association. Carried.

The nominating committee presented the following report:

OFFICERS.

1st Vice-Pres.—Angus McLean, Detroit.
2nd Vice-Pres.—C. N. Sowers, Benton Harbor.
3rd Vice-Pres.—H. E. Randall, Flint.
4th Vice-Pres.—P. D. MacNaughton, Calumet.

Councilor.

W. H. Parks, East Jordan, 13th District.
1920 Meeting Place: Kalamazoo.

The Secretary on motion cast the unanimous vote for the adoption of this report.

The matter of the employee's bill of health was referred to the committee on Civic and Industrial Relation with the recommendation that they get in touch with factories interested.

President Hume: In behalf of the Society I wish to extend to you appreciation for the interest you have shown in all of these matters pertaining to the welfare of the people and the society. This is the best meeting of a House of Delegates that I have been to.

A rising vote of thanks was given Dr. Welsh. Adjourned.

FIRST DAY

Wednesday, May Twenty-First.

GENERAL SESSION

Hotel Statler.

The meeting was called to order at 10:15 A. M. by the President, Dr. Arthur Hume, Owosso.

INVOCATION: Rev. Chester B. Emerson, Pastor North Woodward Congregational Church, Detroit.

Oh, God! our God, how good is man's life—the mere living of it; how fitting to employ all the heart and the soul and the senses forever and aye. We wish and will that it shall be long and that we may have the privilege of learning and loving as well as living, but we would not have it unless in it we may have that measure of health which brings happiness. We pray Thee, Oh! God, that we may be wise enough to ask wise questions of Thy world, that we may have wise answers to guide us. Thou hast filled Thy world with truth but Thou hast hidden it away. Pour out Thy blessing upon these men, Thy children, gathered here to consider the ways of keeping life long and happy. Give them that wisdom that is never content with present attainment, but always eager to discover new truths. Tell them that all the things that have been found are just a bit of that great body of truth that is hidden away in the world for their finding. Give them an increasing sense of their responsibility toward those who lift up their eyes to them to be taught the benefits of truth and happiness. Give them a sense of consecration to the needs of those who are ill and depressed. Help them to lift up the fallen, who are there because of their own wilfulness. Give them, Oh! God, to have a sanctified view of our coming life, and last we pray Thee that we may help in some way to discover that Tree that is set in the midst of Life whose leaves are for the healing of the Nation. All this we ask humbly in the name of

Him who was the Great Physician of all the ills of body and soul, Christ God Almighty. Amen!

ADDRESS OF WELCOME: Dr. James W. Inches, Police Commissioner, City of Detroit.

Mr. President, Gentlemen of the Society: I am sure it gives me a great deal of pleasure in acting for Mayor Couzens and the people of Detroit in handing the key of the City and the freedom of the City over to the Society for just as long as it wishes to remain in session. I think it is very fitting that the Society should hold this Victory Meeting in this City and at the time when we are welcoming back the boys and the men from the military service, for welcoming men from overseas service and the Michigan State Medical Society is practically the same thing. I do not believe there is another organization in the State of Michigan that has given a greater percentage of its men than the Michigan State Medical Society, and certainly no greater work will ever decorate its escutcheon than to know that over eight hundred of the men gladly and voluntarily laid down their work and accepted commissions in the Army. (Applause) But that isn't all, for while we will always honor those men it must not be forgotten that a certain percentage of this Society who could not go away gave very largely of their time at home in work in draft boards, advisory boards and other military service. I do not believe any other organization gave more largely of itself than the Michigan State Medical Society.

Of the profession at large, surely it has come into its own at last in this war. Surely it has. Time was, and not so long ago, when it was the thing to have military officers shrug their shoulders at the Medical Corps, as something necessary to have along to get the sick and wounded back home. That time has passed and gone and hereafter the military geniuses who plan an army will start and begin and lay their very foundation with the Medical Corps. (Applause). Time was when all the other organizations that went to the front were well cared for and the Medical Corps got along as best it could. Now it goes first and prepares the way for everybody else. Time was when it was the duty of the Medical Corps to carry the sick and wounded back home on leave; now it is its duty to see that there are no sick and to get all the wounded men back to the front as soon as possible. Such advances were made that over 80 per cent of all men were returned to the front and the efficiency of the Army was more than doubled thereby. (Applause). What a wonderful work!

But that is not the great, outstanding feature, great as it is. What is it? This: As a direct result of the work of the Medical Corps and recent advances in Medical science this is the first war in all history in which the men came back from the war in better physical condition than they ever were in before in their lives. You know how it was in the Spanish-American War when the boys came back pale and thin and weak with sickness. Look how it has been in every war the world has known, then look at the boys who marched in our streets last Monday, talk to them—hear them say, as I have, that they are twenty.

thirty, forty pounds heavier and better than they ever were in their lives. Look at their straight bodies and clear skin and realize their condition, and then contemplate the position of the medical profession in this war. Surely the medical profession has come into its own—surely that is something to be proud of, something more than we have ever had before. (Applause). I think so, and so I think it is a very great honor to welcome you here this morning.

If there is anything I can do for you I shall be glad. I have recently had very heavy responsibilities forced upon my shoulders and if there is anything I can do for any of you in that capacity, day or night, gentlemen, just let me know. (Laughter and applause). As a matter of advice I might say keep away from the Italian quarter and the Harper Hospital—they are both danger zones at the present time. (Laughter).

I assure you I feel much honored in welcoming you. Detroit welcomes you, is proud to have you here and gladly and freely offers you everything she has to give. (Applause).

ADDRESS OF WELCOME: Dr. Harold Wilson,
Wayne County Medical Society, Detroit.

Mr. Chairman, Members of the Society: On behalf of the Wayne County Medical Society, on account of the absence of the President, Dr. Bell, it is my pleasure to welcome you today. Detroit is the metropolis of our State, not because it is any better but because we happen to have a few more folks here than you have out in the State, but I like to think of Detroit being the mother of all the rest. Detroit has been accused of having no soul; that may be so, but during this war we think that the Detroit soul has been aroused. We will not admit that we are less efficient than any other city in the United States. Whether it had a soul or not, Detroit certainly had a mother heart, and we welcome you here today. To many of you Detroit is a mother in the sense that it was here that your medical education was secured and here many of you were educated who went out into this war. Many men in high official positions—Surgeon General Ireland graduated here in 1890, Lister in 1895, and also Surgeon General Braisted of the United States Navy, who was not graduated here but who was for ten years in practice here, and we feel that their success is our success. This is true to a degree of every man who has gone out. We are proud of the men who have gone out and come back—many of them, with Major's insignia on their shoulders.

I am glad to welcome you for the Wayne County Medical Society, which is a democratic institution. It went on record the other night as being against one of the hospitals here having a closed institution. We have a building at 33 High Street, East. It is the building of the Medical Society and when you are here we want you to come in and operate in the cafe or library and attend our meetings and operate there. We shall be glad to have you come to any of our meetings and discuss the subjects that are presented there. In this way it gives me great pleasure. The Wayne County Medical Society Building belongs to the medical profession; if

you read a paper there it belongs to the State Society, so it must be that that building belongs to it as well. So when you are here come up to it; we feel that way about it. The money for the building was contributed by the medical profession and it is just as much your home when you are here as anybody's.

We welcome you to our community. We are glad to have you in our colleges and hospitals to see our equipment, and we are glad that through an act of the State Legislature we have become a part of the educational system of Detroit. With the backing that will give us there is no question about the continuity of progress that will go forward here.

If any of us can do anything for you we shall be most happy. If you see anybody with a car you want to ride in, ask him and you will be most welcome. Detroit has a great heart, and every doctor here has a great heart and we will be glad to do anything for you that is within our power. (Applause.)

RESPONSE TO ADDRESSES OF WELCOME: Arthur
H. Hume, Owosso, President, Michigan
State Medical Society.

In behalf of the Michigan State Medical Society we beg to express our appreciation of the cordial welcome that you have given us, and in behalf of the membership of the Michigan State Medical Society and their interests I have paid close attention to what you have said. We accept your kind offer and we are collectively in your care by day and by night. We are thoroughly taken care of—we don't even need a guardian as some of us have at previous meetings (laughter). My private observation taught me that. The Wayne County Medical Society, the Wayne County Medical Society Building, and the hospitality of the Wayne County Medical Society provides for our wants by day, and the Doctor Commissioner has promised you that he will provide for your wants by night. (Laughter.) That does not mean that he will pay your hotel bill, but there are certain wants that the Police Commissioner can provide for and most sincerely do we thank you for this kind welcome. We know that there is no end to the spirit of hospitality, and I believe that this meeting here in Detroit of this Society will be one long to be remembered. (Applause.)

REPORT OF COMMITTEE ON ARRANGEMENTS:
Dr. F. B. Tibbals, Chairman, Detroit.

Mr. Chairman and Gentlemen: I understand this morning why President John Bell did not show up; he was afraid to face you after the falling down of his own appointed Committee on Arrangements. First of all, many of you gentlemen were not met by our automobile committee at the trains. The reason for that, I understand, is that a great many of the doctors who undertook to meet you understood that they were on the entertainment committee and started for Toledo and were held up at the border; therefore they could not meet you and many of you went to bed sober. (laughter).

Secondly, we were delayed in getting into the hall this morning and the hall is cold.

Third, a complete change was necessary at the last moment on the program for all of the military stars whom we expected to have here were detained at the last moment, but we have rearranged the program and you will have a military program anyway. Colonel Angus McLean will tell us about the Surgical Principles Evolved from Military Surgery in the A. E. F. Lt. Col. B. R. Shurly will give us some remarks on hospital service overseas, and Major R. M. Olin will talk to us about the State Board of Health plan for combating venereal diseases.

This meeting in some respects is different from the meetings of the past. You all remember seeing Tracy Southworth lead the chorus of "Landlord Fill the Flowing Bowl" the night before the meeting, and perhaps now you have heard him lead the song "Shall we Gather at the River" (laughter) but we want to do the best we can for you.

Another great disappointment is the fact that the programs are in the freight cars, tied up by a strike, and there seems to be no chance of getting them. The Committee is endeavoring to have the section programs mimeographed so that you can have them this afternoon.

We ask your indulgence for all these things and hope that the meeting will be a success in spite of them.

THE PRESIDENT: In the absence of the programs I wish to emphasize that the section work begins this afternoon at two o'clock, and tomorrow morning at nine o'clock. The general session will not be held tomorrow until 11:30, after the section meetings adjourn. The section meetings will not interfere with the general session.

If you will permit me at this time to express regrets that the gentlemen whom we expected to have with us are not able to be here, I would like to do so. We expected to have Surgeons General Ireland and Braisted and Blue with us. I had a personal meeting with the two former and they were both very anxious to attend because of their former affiliation with Michigan in one way or another.

(The President then read telegrams received from Surgeons General Ireland, Braisted and Blue.)

THE PAST PRESIDENT, Dr. A. W. Hornbogen, Marquette, took the Chair while the President delivered his Address.

THE PRESIDENT then resumed the Chair.

DR. R. M. OLIN, State Health Commissioner, Caro, addressed the Society on the "Michigan Plan for Combating Venereal Diseases."

THE PRESIDENT: While we are perhaps unfortunate in not having the military men from

Washington speak to us, we are not at all unfortunate in having one of our ownest own here with us this morning, and we will now listen while Col. Angus McLean tells us about his experiences with military surgery.

COLONEL ANGUS MCLEAN.

Mr. Chairman, Members of the Association; I have chosen for my subject some description of the work done in the hospitals overseas and will show you some slides.

I might say a few words on the general principles of the surgery in the A. E. F. At the time we went in the other allies, the British, and the French, and the Italians and the Belgians had had over three years' experience in war surgery. During this time they had somewhat changed their methods and arrived at a rather definite idea of taking care of their injuries. When we first arrived over there in July, 1917, each one of the surgeons was given an opportunity to go along the different fronts and spend two or three weeks with the different medical organizations of the allied armies. In that way we were able to make observations of what was being done by the British, and the French, and the Italians and the Belgians. In that way we arrived at some general conclusions as to what to follow. These were afterward boiled down and a general policy was afterward followed. This general policy was changed a little as time went on but pretty much followed the same line. The principal part of that was when we started in the Belgians and the French and the British who had these injuries usually took care of them at the hospitals, bandaged them up, watched their progress, drained them, etc., but did not get such very good results, and the one principle which was followed by all and which was of the greatest benefit was that each injury be taken care of as soon as possible at the Front. The injury was taken care of in this way—that all the injured tissue, all the devitalized tissue was removed. If it was a gunshot wound, or a machine gun bullet or a rifle bullet wound, or a wound from a high explosive—it might be ever so small, but the order was that the wound should be opened and that all the tissue that might afterward become devitalized or necrotic, or form a focus for infection was to be removed. This was first put in force by the French and took the French name of debridement. In all cases we were ordered to do a debridement. Machine gun bullet, and the high explosive and the rifle bullet travel with a very great force. That makes a different injury than if you were here in civil

life and injured by an automobile, for instance. They do not come with such force and the machine gun bullets are not only injuring the area where they hit, but they cut their way through and injure the blood vessels in many instances so the circulation is cut off and you have a stasis of the blood supply, and you have a clotting of the blood, and the amount of tissue that is left there is gradually asphyxiated. You do not have enough oxygen to keep it alive and it gradually becomes devitalized and later becomes necrotic tissue and forms a splendid place for the culture of infection.

The infections there are different from those at home with the ordinary injuries, and the injury from the rifle bullet and the machine gun bullet is different from the high explosive. In referring to the "high explosive" we refer to the shell or something that has been thrown over. When the shell comes over it hits the ground or some barricade first. When a shell hits you will see a great hole there and when it explodes the high explosive divides up into many different shapes and sizes, and when those pieces are carried away and strike the body or limbs of the soldiers they carry with them some of the earth, in which owing to the high state of cultivation there are all kinds of organisms. They are ready to develop at the first opportunity and that was the idea of doing the debridement—to take away all the devitalized tissue possible.

The principle the American surgeon started with was to do that debridement and then close the wound by what was known as primary suture. It was found as time went on that while they got good results in a few cases, they also got wounds that afterward became infected and spread as a great many did. In doing surgery in a great place like the Army you have to have general principles. They can't set a rule for this man or that, no matter how good their judgment may be, but must have a rule which they think will be of the greatest benefit to the greatest number of the wounded.

So later on we had a rule that the surgeons at the front, those at the first aid or the field hospitals or the evacuation hospitals—the instructions were that when they got the soldier to the field or evacuation hospital they should do a debridement down to the good pink tissue which they believed had enough blood supply to keep it alive, and instead of closing that they should pack it with gauze and keep it moistened with some solution, and to use as few sutures as possible. Leave it open—under no considera-

tion to close the wound. Those were the general instructions which were followed for the last four or five months of the war. The gauze was moistened with some solution and as soon as possible those soldiers who were treated were put into the evacuation trains and sent back to the base hospitals. Those who did the debridement probably did not see that patient again for they were sent back to the base hospitals where the rest of the treatment was carried out.

LANTERN SLIDE DEMONSTRATION.

SLIDE 1: Showed a base hospital located in a building formerly used as a Jesuit College, which had been cut off by France in 1905. At the first battle of the Marne it was converted into a base hospital and was used as such until the close of the war. In the courtyard a United States band was playing. Probably no hospital in the State of Michigan was better equipped to take care of patients than this one. Everybody was well cared for by the different organizations, the Y. M. C. A., the Knights of Columbus, the Salvation Army—even including the Christian Scientists for those who did not think they were hurt at all.

SLIDE 2: A dressing room showing orderlies and convalescent soldiers putting on dressings. Four or five hundred dressings a day were put on by these young men after proper training and a little experience. They did wonderful work and usually finished by four or five o'clock in the afternoon. In the more serious cases the dressings were done in the wards by the nurses and doctors, but had it not been for these young men who got so proficient in carrying on the work the surgeon could not have accomplished nearly as much as he did.

SLIDE 3: A sun room and operating room showing an anesthetic being given. Ten to twelve operating tables in the room all in use at the same time during a push.

SLIDE 4: A debridement and secondary closure which had been made two weeks after the original injury.

SLIDE 5: A wound in the buttocks from a high explosive in which debridement had been performed. The tissue had been removed in an area two or three inches deep. After the debridement the patient had been sent to the base hospital and turned over to the wound bacteriologists who were bacteriologists or surgeons who had been especially instructed in the examination of the bacteria of the wounds. There was a Central Laboratory of the A. E. F. for such instruction. The surgeons were taken

from the different divisions and sent in classes to receive this instruction. They visited the wounded each morning and took cultures from the wounds and reported the following morning on a certain card. The wounds were examined every day, usually for fourteen to sixteen days, until they could report that the wound was bacteria free and ready for closure. That was the secondary closure which took place fourteen to sixteen days after the original injury. The wound edges were freshened up, the skin was freshened up and the wound was closed.

SLIDE 6: A wound three or four days after secondary closure.

SLIDE 7: A corridor in the hospital with cots along the walls for less seriously injured. The soldiers looked happy and contented. The one thing they did not talk about was their injuries.

SLIDE 8: Barracks with bomb proof roof and windows protected by strips of paper pasted on criss-cross.

SLIDE 9: Influenza ward, demonstrating type of treatment. Each bed was isolated by curtains over and around the patient so that no contagion was possible.

SLIDE 10: Orthopedic or fracture ward with various appliances in place. All varieties of splints and Balkan frames were used. Early in the war the order went out that all fractures except those above the neck were to be turned over to the orthopedic surgeons. They first recommended that they should be plated and this was done for five or six weeks but this was not satisfactory so the order had to be recalled. There were not a quarter enough orthopedic surgeons to take care of the cases, and most of them were the ones who knew all about flat feet and knock knees and abnormalities of the spine, but most of them had never seen a compound comminuted fracture of the thigh, and most of these cases afterward drifted back to the general surgeon.

SLIDE 11: Showing crowded condition of the hospital corridor when four hundred wounded were brought in after the hospital was already full.

SLIDE 12: Mess hall with soldiers eating dinner. The mess was always plentiful and the mess fund was never all used. The soldiers had all the delicacies that could be obtained.

SLIDE 13: Dental laboratory showing dentists and surgeon treating fracture of the jaw. A man could be taken to these specialists and no matter how badly his jaw was fractured if

it could be held in place when the dentist took an impression he could make an appliance which would hold it in place and afterward the plastic operation could be performed. Remarkable results were obtained.

SLIDE 14: Showing an injury of the foot, which was much more dangerous than one around the shoulder, chest or arm, because such injuries were most frequently caused by high explosives and the infection was much more serious owing to the fact that the foot covering was in the dirt all the time and consequently was filled with all kinds of organisms. Such wounds very frequently developed a gas bacillus or Welch bacillus infection, which was one bacillus for which something could be done. It produced a lot of emphysema but no great amount of necrotic tissue and by keeping the wound irrigated a complete recovery frequently took place. In infection from the other bacilli there was not so much accomplished.

SLIDE 15: Showing a skull fracture treated by transplanting a portion of a rib, which had been found to be the most satisfactory material for this purpose.

SLIDE 16: A French soldier who had received an injury from a high explosive in which the ribs and a portion of the lung on the left side had been torn away. If there was anything in the war which the surgeon had learned or the French had taught them it was the freedom with which they could enter the pleural cavity. If there was a foreign body in the lung they made an opening by removing a rib, if necessary, did anything necessary with the lung to remove the foreign body, and then made an air-tight closure. In spite of this extensive injury the man was walking about in fairly good health and with no pain. Experience had taught that the lung cavity could be opened with almost as much safety as the peritoneum.

Hospital Service Overseas.

Lt. Col. BURT R. SHURLY: Mr. Chairman, Ladies and Gentlemen: Many years ago a physician was driving down one of the prominent streets of Detroit with his horse and buggy. Every thing was calm and peaceful, it was a beautiful day and the horse was trotting along at a good rapid pace. Suddenly the king bolt broke and the doctor was spilled out, as well as his surgical instruments and pills. A little eight or nine year old street gamin who was watching ran up and said, "Say, fella, you wouldn't have far to go for a doctor if you hurt yourself, would you?" (Laughter.) And

so it was with Uncle Sam when the war broke out. Everything was going along peacefully and without any trouble when the war broke out and Uncle Sam did not have to go far for a doctor when he was hurt. Thirty-two thousand men volunteered.

I will show you a few pictures and give you a little idea of Base Hospital No. 36, which was organized in Detroit with thirty-five officers, two hundred enlisted men and one hundred trained nurses. It was the first thousand bed hospital to be organized, and the first thousand bed hospital to leave for France in 1917. We left from the Cunard Docks which you see in the picture, very silently. The work of transportation was very quickly and easily done and we said goodbye to the old Statue of Liberty, which was the most talked of face in France. The two most prevalent diseases in the war were homesickness and seasickness. The ship met the convoy with soldiers of the "Rainbow" or Forty-second Division. All the ships were camouflaged because the submarines were particularly bad. One of the ships quite near to us was sunken, but we landed in Liverpool without trouble and at night we were taken across England. Most of the transportation was done at night and that was one of the things that got on one's nerves. Everything was camouflaged and all the windows in the hospitals were absolutely cut off from the light, and by the insufficient light from candles and lanterns many of the serious operations were done by the surgeons and enlisted men and nurses. We landed at a place called about forty miles from Nancy and went into one of the large hotels that you see in the picture. The town was made up of small hotels which were taken over and we were told to take charge of three thousand beds, although the hospital was originally organized for five hundred.

This slide shows the medical hotel where the gas cases were treated, as well as a large number of flu cases and broncho-pneumonia in which there was a mortality of 31 per cent.

This slide shows the Casino and this is where General Pershing had his headquarters for the first two months after landing in France.

Here is a 250 bed hospital commanded by Major C. W. Barrett. We have these companies brought in on Red Cross trains carrying 600 sick or wounded and as many as six of these trains have arrived at — within twenty-four hours. This will give you some

idea of the great amount of work that had to be done.

Here is where the nurses and orderlies and other personnel went in the morning to get cigarettes and what candy was to be had.

This is the Hotel des Sports where many of the nurses were housed as it was the only available place for them.

Here is the place where the boys got athletic exercises occasionally.

This picture gives you an idea of what the French roads are like and how we won the war through the really marvelous roads of France and how important it is for America to learn that lesson. This is the road after three years of war.

This is a picture of the first American soldier that was sent to our hospital and gives you a good idea of what shrapnel wounds are like. Many of them are superficial but some are deep and they vary greatly in size.

This will give you an idea of the mess table in one of the surgical buildings. This base hospital had five of these great hotels.

This is one of the kitchens. We had five of these, many of them commanded by chefs from the Ponchartrain and Tuller to prepare all the good, nutritious food possible to give men anywhere.

Here is where the men slept and shows the camouflaged roof, which was very carefully covered by the Engineers Corps.

This picture shows a line up of the officers, Major Barrett, Colonel McGraw and the others.

This shows the conference that took place every morning in each of the hotels, where the officers went over the serious cases and laid down the program for the day. The surgical buildings were four in number and one medical.

This is one of the rooms we had for sick nurses. About twenty per cent. of the nursing force were constantly sick on account of the contagious diseases, or the strenuous life they led and the limited number of nurses to do the work.

This is one of the wards and gives you an idea of the stoves we had for heating. It was the coldest place you ever saw. The walls were running with water and the sheets, if you happened to have any, were soaked. The cold of the mountains was very trying.

This picture shows the red crosses that were put out in front of the hospitals to let the airplanes know that it was a hospital site.

Here is the medical laboratory, such as we had, where the officers met and a medical society was organized. Every Monday night the cases were shown and the interesting details of our work were brought out.

Here is the Red Cross Farm where the convalescents would work. We had one hundred acres where we had gardening opportunities and kept the convalescent soldiers at work as far as possible and in the early part of the war when there were many cases of tuberculosis and broncho-pneumonia this was of great service. We had 240 sheep on the farm and they paid the expense of running the farm.

Here are some of the Colonial men that came into ——— with the other wounded. They were great fighting men and certainly the enemy was afraid of them.

This picture gives you some idea of the beautiful place this was for the soldiers to enjoy the outdoor life during the summer months. During the winter it was rainy and uncomfortable but in the summer it was delightful.

This is one of the wards and gives you an idea of the beds and wonderful air space the men had for their care and treatment.

This is one of the diet kitchens, and that stove was one of the most valuable things we had.

Here are some of the crippled, 15,324 with a mortality of only 8 per cent.

Here are some of the soldiers lined up; they got out every morning and had a crutch drill. The most wonderful man the world has ever seen is the American Doughboy and the reason for winning the war can all be put into two words—the spirit of the Doughboy. (Applause.)

Here is a line-up of British Tommies. We took care of a large number of these boys and these are on their way back to the Front. They are very interesting fellows and the American soldier gets along with them very well, and we got along with the French very well, and the Americans and French got along better than the French and the British, for some reason. It was wonderful how all the Allies got along together and how they were all given the same care, even by the American Medical Corps, no matter from what race or religion. It was just one grand fraternity of fighting men, and the spirit of it all and the wonder of it all is the thing that seems like a dream to those of us who have come back again.

Here is one of the convoys that is coming back, giving you an idea of how they are treated.

Here is the picture of a Chaplain who did very excellent work among the boys.

Here is a convoy coming in in command of Dr. Walker of our own State.

Here is a picture of the mess on Christmas Day. They had splendid food and were given everything to strengthen the body and plenty of outdoor exercise, when the drives were not on and there was time for it.

This is the Athletic Field where the ball teams met and as many as five thousand convalescent soldiers from four big base hospitals often congregated on Wednesday afternoons to watch the ball games.

This picture shows the Adjutant and his sergeant major in the office where all the details were worked out.

Here is the crutch brigade out for a little airing and jollification.

Here is the picture of a monument erected to one of our personnel who died of pneumonia. We lost one man only, no nurses and no officers, although a great many were sick at different times.

This shows the French Colonels and our officers gathered at Major Barrett's hospital.

Here are some of the ambulances coming in with the sick and wounded. There was very efficient ambulance service all over France and the work was wonderfully done.

This shows one of the operating tables. There were thirty in this hospital and surgical teams were sent in to relieve the situation at different times. Our hospital was used as an evacuation hospital at the Chateau Thierry, St. Mihiel and Argonne drives and many wounded were brought in to us within twenty-four hours. Many of the medical men were under fire from day to day in exposed positions and they all did their work with wonderful grit.

This is the statue erected to Joan D'Arc near ?

This shows you the staff of one base hospital.

Those enlisted men carried wounded men up six stories night and day, often groggy from lack of sleep, and they deserve all the credit that can be given soldiers.

I will run through the rest of the slides hurriedly and show you some scenes at the Front after a bombardment, a German trench after an attack, the barbed wire entanglements, a dugout after a bombardment from which one medical officer was the only one of thirty to escape alive, a camouflaged road after a battle,

an airplane after coming down, a picture of an airplane taken from another, some dugouts that were captured from the Germans in the Argonne drive, a picture of the trees after a barrage, one of the German trenches—showing how wonderfully they were constructed. This picture shows you how the airplane guns were mounted, this one shot three miles; this is a battlefield with the German dead after the Americans had driven through; a street in Betel; the old Paige automobile that went 42,000 miles without mishap; a camouflaged road showing transport carrying supplies; ammunition dump and dugout after a shell had hit; a picture of Verdun after a bombardment; Colonel Berry on a looting party and a German musket just captured; a road near Verdun; motor transport going through the town—they went constantly, day and night all over France; a cemetery with American, French and British dead from our hospital—we lost only 143 in the whole war. This is a picture of the receiving hospital where they were taken in and given hot soup or coffee, given a tub or shower bath, separated and sent to the head hospital if the injury was in the head, or to the medical hospital and classified; 27.3 were looked after in some way by the eye, ear, nose and throat department; this is a ward of ninety-nine beds in the Walker hospital.

To summarize, with this number of cases going through the hospital, with a limited personnel, and the terrible strenuous work that came on during the drives, the most surprising thing in the world was the result that was obtained by the surgeons in this war in the way of prevention of disease, the marvelous healing of wounds and the saving of members. We had only twenty-two amputations. An enormous number of limbs were saved, we had a very low mortality, with no cases of tetanus, no deaths in our own men from typhoid fever—those of you who were in the Spanish-American War know the great loss of life from this disease there, and can realize in small measure what prophylaxis and modern medicine and surgery have actually done in this war. The Reserve Corps and the regular army can certainly be proud of the record they have made. (Applause.)

THE PRESIDENT: I am sure we have all greatly enjoyed the remarks of our military friends and now we have one more item of business before we adjourn. Nominations for president are now in order.

NOMINATION FOR PRESIDENT.

MAJOR W. T. DODGE, Big Rapids: Mr. Chairman: I have been requested to present the name of a man for President for next year. We have all heard of the position the various County Societies are in—that they are more or less disorganized and that the President must be expected to do a lot of labor in the coming year, and to travel about the State a good deal to effect this reorganization. I am sure the gentleman I am to present will fill the bill in every way. I have been associated with him on the Council of this Society and know that he is able and that he has done very efficient work. I take pleasure in presenting for your consideration Dr. Charles H. Baker of Bay City. (Applause). Nomination seconded.

On motion the nominations were declared closed and the session adjourned until eleven-thirty Thursday morning.

SECOND DAY

Thursday, May Twenty-Second.

GENERAL SESSION

Hotel Statler.

The meeting was called to order at eleven-thirty A. M. by the President, Dr. Arthur M. Hume.

The Secretary presented the report of the House of Delegates, as follows: Registration, 517.

The House of Delegates took action opposing Health Insurance and the Delegates were instructed to report the same to the House of Delegates of the American Medical Association.

It was decided that the matter relative to the standardization of hospitals and open and closed hospitals, so-called, should be referred to a committee to be appointed by the President with instructions to report at the next Annual Meeting.

Action was taken that all papers read before the County Medical Societies should be made available for publication in the *Journal of the Michigan State Medical Society*.

The State Secretary was instructed to correspond with the Secretary of the local societies with a view of collecting from all delinquents for non-payment of dues, and especially that the local societies remit to those not yet paid by said societies for service men.

The House of Delegates decided to defray the expenses of the Delegates to the American Medical Association.

The matter of the prevention of communicable diseases among industrial employes was referred to the Committee on Civic and Industrial Relations.

The report was accepted as read.

REPORT OF CHAIRMAN OF NOMINATING COMMITTEE.

DR. F. B. WALKER: The total registration for this meeting was 517 but a good many of the members did not vote. On counting the ballots we found there was one for Dr. Hume and the balance were for Dr. Baker.

DR. ARTHUR M. HUME: Dr. Baker having received the unanimous vote of the Society I declare him elected and will ask Dr. Dodge and Dr. McLean to escort the new President to the platform. (Applause).

Dr. Baker and I were associated for years as councillors of this Society and I can say to you truthfully that if there ever was a Councillor who attended to all the duties of his office it was Dr. Baker. I am sure that the interests of this Society will be perfectly safe and that they will be materially promoted by his election to the presidency.

Doctor, here is the little gavel of the Society. It has engraved on it the names of your predecessors. It is a sort of a little tombstone to me and in a year it may be to you, but use it in the meantime. (Applause—"speech, speech.")

DR. CHARLES H. BAKER, Bay City: Mr. Chairman and Members of the State Medical Society: A man who has the honor thrust upon him of being elected President of a Society the equal of the State Medical Society, if there is such a thing, certainly has reason to congratulate himself. There are only two presidents which I think can be in any way compared—one of them is the President of the State Medical Society and the other is the President of the United States. (Laughter). I have very carefully watched the career of the President of the United States and hope that I may learn something from his experience which will be beneficial to me as President of the State Society of Michigan. There are some things which you see in the career of another man that you would not want to have in your own experience, and there are other things which men would wish to emulate and strive to attain.

I feel that this little gavel may well be my tombstone because my predecessor steps out with all the emoluments and prestige that go with a victory year, and I come in in the reconstruction period. The man who begins with

the building up of an organization which has apparently gone to pieces may make friends or he may make enemies, but so far as it lies in the hands of myself and my devotion to this Society I shall do all that I can to bring the Society back into the state of high perfection which existed previous to the war. (Applause.)

The Secretary announced that acting on the report of the Committee on Nominations the following men were declared elected to the respective offices:

First Vice President: Dr. Angus McLean, Detroit.

Second Vice President: Dr. C. N. Sowers, Benton Harbor.

Third Vice President: Dr. H. E. Randall, Flint.

Fourth Vice President: Dr. P. D. MacNaughton, Calumet.

Councillor Thirteenth District to fill vacancy: Dr. W. H. Parks, East Jordan.

The Secretary announced that a meeting had been called for two P. M. for the purpose of completing the organization of the Michigan Chapter of the American Public Health Association.

Dr. D. Emmett Welsh announced that the next Annual Meeting would be held in Kalamazoo.

Adjournment *sine die*.

SECTION ON GENERAL MEDICINE.

First Session, Wednesday Afternoon, May 21, Hotel Tuller.

The section was called to order at 2:20 by the chairman, Dr. Walter J. Wilson, Detroit. Dr. Wilson read the chairman's address, entitled, "The Physician after the War."

Dr. Frank R. Starkey, Detroit, read a paper on "Tabes Dorsalis." Discussed by Dr. W. H. Riley, Battle Creek; Dr. I. L. Polozker, Detroit; Dr. Collins Johnston, Grand Rapids; Dr. C. D. Aaron, Detroit.

Dr. C. D. Aaron, Detroit, read a paper on "The Significance of Focal Infection." Discussed by Dr. E. W. Haass, Detroit; Dr. Herbert M. Rich, Detroit; Dr. A. W. Crane, Kalamazoo; Dr. Howard Begle, Detroit.

Dr. John B. Jackson, Kalamazoo, read a paper on "Peptic Ulcer." Discussed by Dr. C. D. Aaron, Detroit; Dr. Hugo Freund, Detroit; Lieut. Col. Preston M. Hickey, Detroit; Dr. A. W. Crane, Kalamazoo.

Second Session, Thursday Morning, May 22, Hotel Tuller.

The chairman announced that the meeting would adjourn at 11:30 in order to attend the general meeting at that time.

Major G. E. McKean, Detroit, presented a paper on "Trench Nephritis." Discussed by Major F. W. Baeslack, Detroit; Lieut. Col. T. A. McGraw, Detroit; Dr. William Northrop, Grand Rapids.

Lieut. Col. T. A. McGraw, Detroit, presented a paper on "Pneumonia as studied in Base Hospital No. 36." Discussed by Major G. E. McKean, Detroit; Dr. C. B. Burns, Flint; Dr. William Northrop, Grand Rapids; Dr. O. E. Fisher, Detroit; Dr. A. B. Wickham, Detroit.

Major G. F. Arps, Detroit; was not present to read his paper on "Psychological Service in Army Camps." The chairman announced that his paper would be printed in the journal.

Major F. W. Baeslack, Detroit, read a paper on "Meningitis at Camp Jackson." Discussed by Dr. Don M. Griswold, Detroit; Dr. John B. Jackson, Kalamazoo.

Third Session, Thursday Afternoon, May 22, Hotel Tuller.

Dr. M. A. Mortensen, Battle Creek, read a paper on "Angina Pectoris." Discussed by Dr. W. M. Donald, Detroit; Dr. E. W. Haass, Detroit; Dr. H. A. Freund, Detroit; Dr. Walter J. Wilson, Detroit, Chairman.

Dr. E. G. Eggleston, Battle Creek, was elected Chairman for the ensuing year.

Dr. A. R. Hackett, Detroit, read a paper on "Epidemic Typhoid Fever." Discussed by Dr. W. M. Donald, Detroit; Dr. E. W. Haass, Detroit.

Dr. Joseph Van Becleare, Detroit, read a paper on "Varicose Ulcers." Discussed by Dr. H. R. Varney, Detroit.

Dr. Herbert M. Rich, Detroit, read a paper on "The Modern Clinical Conception of Pulmonary Tuberculosis—Changes in our attitude toward this disease. Correlation of X-ray examination and physical signs. Influence of focal infections. Treatment of surgical tuberculosis." Discussed by Lieut. Col. Burt R. Shurly, Detroit; Dr. J. L. Chester, Detroit; Dr. W. H. Clift, Flint.

SECTION ON SURGERY.

The first session of the annual meeting of the Section on Surgery of the Michigan State Medical Society was held on Wednesday afternoon, May 22, 1919, in the Statler Hotel, Detroit. The meeting was called to order at 2:20 p. m. by the Chairman, Dr. Joseph H. Andries.

The first order of business was the reading of the minutes of the last meeting by the Secretary, Dr. F. C. Witter, Detroit.

The first paper on the program was the Chairman's address—"Diagnosis of Duodenal Ulcer" by Joseph H. Andries, Detroit. There was no discussion.

The second paper was—"When Should Cholecystectomy Be Done" by Dr. William J. Gillette, Toledo, Ohio. It was discussed by Drs.

A. D. McAlpine, Detroit; E. Starr Judd, Rochester, Minn., and C. D. Brooks, Detroit.

The third paper was—"Insult and Injury to Tissues and Their Surgical Repair" by Capt. G. M. Johnson, Traverse City. It was discussed by Drs. A. O. Hart, St. John, and closed by Dr. G. M. Johnson.

The fourth paper was—"Prostatic Surgery" by Major E. Starr Judd of Rochester, Minn. It was discussed by Drs. F. W. Robbins, Detroit; Frank B. Walker, Detroit; J. H. Andries, Detroit; Hugh Harrison, Detroit; Spencer, Grand Rapids, and closed by Dr. E. S. Judd.

There being no further business the meeting adjourned.

The second session was called to order Thursday morning, May 22nd, at 10 a. m. by the Chairman, J. H. Andries.

The first order of business was the election of officers for the ensuing year. Dr. A. O. Hart, St. Johns, was nominated and elected Chairman. The Secretaryship goes over two years and, therefore, Dr. F. C. Witter, Detroit, retains position.

The first paper was—"The Adaptation of War Surgery to Civilian Practice.

- a. Fracture of the extremities, the use of splints.
- b. Infection; treatment.
- c. Debridement.
- d. Foreign body removals.
- e. Transfusions.
- f. Wound closures.
- g. Short quick anesthesia."

By Major F. B. Walker, Detroit. It was discussed by Col. Dean Lewis, Chicago; Drs. H. E. Randall Flint, and G. C. Hafford, Albion.

The second paper was—"Reconstruction of the Wounded.

- a. Different types of injuries to nerves, soft parts and bone.
- b. Discussion of physio-therapy and vocational education in industrial injuries."

By Lieut. Col. Dean Lewis, Chicago. It was discussed by Drs. C. D. Brooks, Detroit; J. D. Matthews, Detroit; Angus McLean, Detroit; John Walter Vaughan, Detroit, and closed by Lieut. Col. Lewis.

The third paper was—"Intestinal Obstruction" by Dr. Henry J. Vanden Berg, Grand Rapids. It was discussed by Drs. L. W. Toles, Lansing; V. J. Cassidy, Detroit, and closed by Dr. Vanden Berg.

The fourth paper was—"A New Aid in the Early Recognition of Post-Operative Ileus" by Lieut. Col. James T. Case, Battle Creek. It was discussed by Dr. V. J. Cassidy, and closed by Dr. Case.

The fifth paper was—"Observations on the Treatment of Empyema by the Closed Method" by Dr. William F. Campbell, Brooklyn, N. Y. It was discussed by Drs. Wood, Detroit; V. J. Cassidy, Detroit, and closed by Dr. Campbell.

There being no further business the meeting adjourned.

The third session was held at the United States Army General Hospital No. 36 (Ford Hospital) on Thursday afternoon, May 22nd, at 2 p. m.

The first thing on the program was a clinic by Major F. G. Dyas, Chicago (stationed at Hospital No. 36). He operated a hernia under local anesthesia with the addition of some ether; and demonstrated a case of multiple wounds in a boy of 18.

The second thing was a clinic by Major F. C. Kidner, Detroit, (stationed at Hospital No. 36), consisting of two operations—one, the first stage of a bone graft for ununited tibia; the second, an osteotomy for mal-union of femur.

The third was a demonstration of apparatus for the correction of fracture of femur by Captain G. W. Van Gorder, of the Hospital staff.

The fourth was a demonstration of the Carrel-Dakin methods with patients by Captain C. B. Gardner, of Hospital staff.

Following the clinic there was an inspection of the hospital including the Physio-Therapeutical and Educational Departments.

There being no further business the meeting adjourned.

Section on Gynecology and Obstetrics.

FIRST SESSION.

Wednesday, May 21, 1919,

Hotel Statler.

The meeting was called to order by the Chairman, Dr. G. A. Kamperman, Detroit, at 2:15 p. m.

Dr. Mark T. Goldstine, Chicago, Illinois, read a paper entitled: "Observations on the Treatment of Salpingitis." Discussed by Drs. Oscar S. Armstrong, Detroit; H. Wellington Yates, Detroit; Reuben Peterson, Ann Arbor; C. H. Judd, Detroit; Mark T. Goldstine, closing.

Dr. C. Hollister Judd, Detroit, presented a paper on "The Relationship of Drainage to Puerperal Infections after Cases of Abortion and Full Term Deliveries." Discussed by Drs. J. H. Carstens, Detroit; John E. Cooper, Battle Creek; Oscar S. Armstrong, Detroit; Ward Francis Seeley, Detroit; C. Hollister Judd closing.

Dr. H. Wellington Yates, Detroit, read a paper on "Inversion of the Uterus." Discussed by Drs. Reuben Peterson, Ann Arbor; John N. Bell, Detroit; Gilbert J. Anderson, Detroit; Harry B. Knapp, Battle Creek; T. T. Dyson, Detroit; C. Hollister Judd, Detroit; Dr. H. Wellington Yates closing.

Dr. Leslie L. Bottsford, Ann Arbor, presented a paper on "The Advantages of Routine Rectal Examination During Labor." Discussed by Drs. Arthur R. Moon, Detroit; Dr. Herbert W. Hewitt, Detroit; D. Hollister Judd, Detroit; Rhodda Farquahrson, Detroit; Reuben Peterson, Ann Arbor; E. W. Caster, Detroit; Benjamin A.

Shepard, Kalamazoo; Leslie L. Bottsford, closing.

Adjournment 5:45 p. m. until Thursday morning.

SECOND SESSION.

Thursday, May 22, 1919.

Hotel Statler.

The meeting was called to order by the Chairman, Dr. G. A. Kamperman, Detroit, at 9:15 a. m.

Election of Officers.

The election of officers resulted as follows:

Chairman: Dr. C. E. Boys, Kalamazoo.

Secretary: Dr. Ward Francis Seeley, Detroit.

Dr. Reuben Peterson, Ann Arbor, read a paper entitled "When is Sterilization of Women Justifiable?" Discussed by Drs. J. H. Carstens, Detroit; Joseph E. King, Detroit; John N. Bell, Detroit; C. E. Boys, Kalamazoo; Mary Williams, Bay City; Reuben Peterson, closing.

Dr. C. A. Hamann, Cleveland, Ohio, presented a paper on "A General Surgeon's Experience with Uterine Fibroids and Their Complications." Discussed by Drs. Herbert W. Hewitt, Detroit; J. H. Carstens, Detroit; Reuben Peterson, Ann Arbor; John E. Cooper, Battle Creek; Elmer A. Pillion, Detroit; Howard Williams Longyear, Detroit; C. A. Hamann, closing.

Dr. Herbert W. Hewitt, Detroit, presented a moving picture of a "Hysterectomy for Fibroid." No discussion.

Dr. Walter E. Welz, Detroit, was not present so his paper was passed.

Adjournment for the General Session at 11:45.

MINUTES.

Section on Ophthalmology and Oto-Laryngology. Wednesday Afternoon, May 21, 1919.

The first session was called to order at two-thirty p. m., May 21, 1919, by the Chairman, Dr. L. A. Roller of Grand Rapids, at the Hotel Statler, Detroit.

Dr. Myron Metzenbaum, Cleveland, Ohio, presented a paper on "Nasal Deformities," illustrated with lantern slides. This paper was discussed by Drs. E. J. Dougher, Midland; C. H. Baker, Bay City; R. E. Mercer, Detroit; H. Maynard Ionia; Wilfrid Haughey, Battle Creek; C. N. Colver, Battle Creek; Albert E. Bernstein, Detroit; H. Lee Simpson, Detroit; Emil Amberg, Detroit, and Myron Metzenbaum, Cleveland, Ohio.

Dr. Don M. Campbell, Detroit, read a paper entitled "Importance of Serological Examination in Eye and Ear Diseases." This paper was discussed by Drs. Albert E. Bernstein, Detroit; Wilfrid Haughey, Battle Creek, and Don M. Campbell, Detroit.

Dr. C. H. Baker, Bay City, read a paper entitled "Some Practical Points about Eye, Ear and Nose Work."

There was no discussion of this paper.

The Chairman then appointed the Nominating Committee, as follows:

Albert E. Bernstein, Albert E. Bulson, Wilfrid Haughey.

Adjournment until nine o'clock Thursday morning.

Thursday Morning.

The Thursday morning session was called to order at nine-forty-five by the Chairman, Dr. L. A. Roller.

Dr. L. V. Stegman, Battle Creek, read a paper on "Cavernous Sinus Thrombosis, with Report of a Case." This paper was discussed by Drs. C. B. Fulkerson, Kalamazoo; Will Walter, Chicago; Albert E. Bulson, Jackson; Harold Wilson, Detroit, and L. V. Stegman, Battle Creek.

Dr. Will Walter, Chicago, read a paper entitled "Heterophoria and Heterotropia." This paper was discussed by Dr. Walter R. Parker, Detroit, and Will Walter, Chicago.

Dr. George E. Frothingham, Detroit, read a paper entitled "The Flight Surgeon's Relations to the Flyer." This paper was discussed by Dr. Walter R. Parker, Detroit.

It was moved by Dr. C. H. Baker, Bay City, that Dr. Frothingham prepare an abstract of his paper to be published in the lay press. Motion seconded and carried.

The paper of Dr. R. D. Sleight, Battle Creek, was read by Dr. Wilfrid Haughey, in Dr. Sleight's absence. This paper was discussed by Dr. Walter R. Parker, Detroit.

Adjournment until two o'clock p. m.

WHAT'S IN A NAME.

Not so very long ago when civic slogans were in style, and towns were "wet," the citizens of the Soo had a meeting and appointed a committee to receive suggestions and adopt a civic slogan which would designate the city as a water power manufacturing center, having in mind its possession at its very doors of the famous Saint Marys Falls and Ship Canals.

The slogan committee's membership consisted of ministers, bankers, lawyers, merchants, and a large percentage of saloon keepers. This was at a period when the Soo had one saloon to every one hundred citizens, and as a consequence was a "real lively berg" where life was worth living (not Detroit).

The committee held a public meeting to pass upon the suggested slogans received by mail, of which several thousand had been received. Just prior to the considering of these by the meeting, the Chairman of the Committee, the Reverend Doctor Doe, announced that his committee would first consider any oral suggestive slogan from those present, before passing upon those received by mail or handed in. In answer to his appeal an out of town medic arose and addressed the chair and meeting as follows:

"Mr. Reverend Chairman, gentlemen and ladies, gents and saloon keepers, as a stranger within these parts, I had the experience of partaking last night of the standard hospitality of one of your leading places of refuge—I mean hotels.

Thursday Afternoon.

The Thursday afternoon session was called to order at two-ten by the Chairman, Dr. L. A. Roller.

The Nominating Committee made its report, submitting the following names:

Chairman, Harold Wilson, Detroit.

Moved by Dr. R. B. Canfield that this name be accepted and Dr. Wilson elected Chairman. Motion seconded and carried.

Secretary, H. L. Simpson, Detroit.

Moved by Dr. Emil Amberg that this name be accepted and Dr. Simpson elected Secretary. Motion seconded and carried.

Dr. R. Bishop Canfield, Ann Arbor, read a paper entitled "The Pathology of Mastoiditis with Special Reference to its Clinical Significance."

Dr. Emil Amberg, Detroit, read a paper entitled "Some Present Day Treatment of Diseases of the Ear in the Light of Medical History."

These two papers were discussed by Drs. Harold Wilson, Detroit; Albert E. Bernstein, Detroit; R. S. Goux, Detroit; B. N. Colver, Battle Creek; C. H. Baker, Bay City; Myron Metzenbaum, Cleveland; Ferris N. Smith, Detroit; R. B. Canfield, Ann Arbor, and Emil Amberg, Detroit.

Dr. L. A. Roller then thanked those who had participated in the program, and after calling the newly-elected Chairman, Dr. Harold Wilson, to the chair, declared the Section adjourned.

In consequence I am a little sore (physically), but satisfied. I have the natural assurance of my calling which prompts me to suggest an exceedingly appropriate and well-timed slogan for your very ancient and beautiful city, in order to demonstrate my appreciation of the privilege of being on earth. I have two civic slogans to suggest, either one of which I am sure will meet with your unanimous approval and instant adoption. 1st, The Soo, by a dammed site? 2nd, The Soo be dammed. I favor the latter, I thank you."

The M. D. was promptly "fired."

Neoarsaminol.—A brand of neoarsphenamine complying with the N. N. R. standards (see New and Nonofficial Remedies, 1919, p. 41). Neoarsaminol is supplied in tubes containing, respectively, 0.15 Gm., 0.3 Gm., 0.45 Gm., 0.6 Gm., 0.75 Gm. and 0.9 Gm. Neoarsaminol is manufactured under the "neosalvarsan patent" by license of the U. S. Federal Trade Commission by the Takamine Laboratory, Inc., New York.

Tuberculin von Pirquet Test ("T. O.")—Lederle.—Old tuberculin marketed in packages containing three collapsible wax tubes and three scarifiers.

Tuberculin Subcutaneous Test ("T. O.")—Lederle.—Marketed in vials containing 1 Cc. For a description of Old Tuberculin, see New and Nonofficial Remedies, 1919, p. 277.

The Journal

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August

Editorials

THE MEDICAL RESERVE CORPS.

We admit a certain degree of wonderment and surprise when reading in the *Journal of the American Medical Association* that the number of enlistments in the Reserve Medical Corps only total some 2,900. At the time the armistice was signed there were some 32,000 officers in the Medical Corps and we understand that of these some 20,000 have been discharged with but 2,900 seeking commissions in the new Reserve Corps.

We admit we have all had a fairly "good fill" of the army. We concede there is much to criticize. There have been numerous instances of impositions and injustice. There were many men who were Lieutenants who should have become Captains, Captains as Majors and Majors as Lieutenant Colonels. Devotion to duty was often overlooked. Incompetency existed in many organizations. There were reasons for "just kicks" and "sore spots." Executive administration was frequently just the contrary—mal-administration. Yes, you

swore if you ever got out it would be a long cold day before they ever got you in again. However, we venture to state that if your services were again required next month or next year, you would be back in the game again—and would profit by your past experiences.

That is the point we wish to make. Now is the time to secure a reform in the affairs of the Medical Reserve Corps. We have learned much, the Department without doubt has likewise profited. This experience will be wasted if an effort is not made to utilize it. We sincerely hope there will not be another war, or if there is that it will be years hence. Still our house must be put in order.

Where are they who preached so ardently, only a few months ago, on Preparedness? We then saw the need of being prepared and that same need exists today. We can not attain a state of justifiable preparedness if you who have become competent to advise intelligently crawl into your holes and say: "To hell with this man's army," as soon as you received your white slip of paper granting you a discharge.

That which you sacrificed, the service you rendered, the experiences you encountered all call urgently for you to become vitally interested in readjusting and reorganizing the Medical Reserve Corps in order that the mistakes and embarrassments of this last campaign may not be bequeathed to those who may be called into active service in future years.

We have no plan of reform. We do feel that the subject merits the serious consideration of all medical organizations and that there should evolve some plan whereby, in conjunction with the Surgeon-General the interests of the medical profession will be protected in military organizations and the Medical Corps of our army be accorded a greater consideration by the War Department and line organizations.

We will not attain these benefits if we relegate ourselves to an inactive or disinterested state—these needed reforms are not going to be handed to us on a silver platter—we've got to go out and get them and get them NOW.

We note that already the Dental, Engineer, Quartermaster and Aviation Corps have become

active. We feel that the Infantry, Artillery, and similar combatant organizations are not asleep. The Military Committees of Congress are inviting suggestions. Is the Medical Profession going to remain idle? We welcome a discussion of the subject.

REPRESENTATIVE CASE AND HIS NURSES' BILL.

Representative Wm. L. Case, of Benzononia, Benzie County, serving his first term in the lower house of the 1919 Michigan Legislature, has had his legislative wisdom teeth cut, so to speak.

Early in the session he read an article in one of the medical journals in which attention was called to the fact that State created "R.N.s" or registered nurses, barely covered ten per cent. of nursing needs created by normal sickness, and that owing to the unnecessary length of the nurses' hospital course (three years), together with the limited number of nurses graduated yearly, the universal charge in consequence was a minimum of thirty-five dollars per week, with board and lodging included. The rational deduction, therefore, was that only the very rich and affluent could, except in extreme cases, employ a R. N. or state registered nurse, and that at least ninety per cent. of sickness was dependent upon the so-called practical nurse, whose nursing education and experience was an unknown quantity and quality, and who under the law (by omission) was permitted to claim any kind of a qualification, wear any kind of a uniform or badge, and charge as much or little as she could "put across." She was under no control or regulation, and in many instances she fraudulently represented herself to be "graduated" or "trained," whereas as a matter of fact she had no training whatsoever. Further, for the reason that no method of education was possible without legislation, it was impossible to create an effective plan by which the honest, conscientious and partly trained nurse could improve herself, and in time become a fully competent nurse, capable of taking care of ninety per cent. of sickness at a moderate wage and

consistent with the ability to pay of the ordinary wage earning citizen.

Mr. Case recognizing the above conditions, and having in view solely his duty to the state and her interests, after consultation and advice with some of the leading medical men, framed and introduced into the House at the special session, his illused and much abused (by R.N.s) practical nurses' bill, (printed, as amended since introduction by himself, in this number of *The Journal*).

The bill was given the usual hearing by the Committee on Health of the House and Senate, June 10th. Unexpectedly (to Mr. Case) some eighty nurses appeared in opposition to the bill, including nurses in training (very charming and pretty), graduate nurses, superintendents of recognized (3-year course) nursing training schools, officials of the State and County Nurses Associations, and nurses representing allied interests. Medical men were conspicuous by their absence. Mr. Case explains this seeming omission, and also the absence of our legislative committee, by the statement that he had convinced himself that his bill was so plainly of benefit to the public and to the registered nurses, that he had not expected any opposition, except perhaps from the so-called practical nurses.

His faith in the wisdom, intelligence and purpose of his fellow legislators up to the time of the hearing had been almost a blind faith. Doubt, however, was first injected into his faith when observing the quantity of ice-cream sodas consumed on the afternoon of the hearing by the aforesaid nurses in training, and at the expense of his fellow legislators. It may be noted that Mr. Case's wisdom teeth began bothering him at about this time, and it must not be inferred that actual contact with ice cream itself had anything to do with his tooth trouble.

We were not present at the hearing, and therefore can give very little information relative to the merits of the arguments used, and which so very effectively killed the bill almost at its birth. A Supreme Court Justice, who accidentally was present on the side lines, stated as follows: "The arguments against the bill, which I believe to be a very meritorious one, and

in the interests of the registered nurses opposing the measure, and better still, in the interest of the public, seemed to me to involve in an extraordinary degree selfishness, narrowness, want of prospect or outlook—in fact “unionism” in its worst form.”

The essential features of the much defeated “Case Practical Nurses Bill” are as follows:

1. Registration of those practical nurses who have been nursing under physicians for five years, provided they satisfy the Department of Public Health relative to their *competency* in the nursing and care of the sick, including the so-called midwife.

2. All practical nurses not in the above class to be required to pass an examination, set and conducted under authority of the Department of Health.

3. The Department of Health is authorized to set a standard of professional education for practical nurses and provide a method whereby the nurse can obtain such standard in the most simple and effective manner.

4. Department of Health authorized to set Rules and Regulations (which among other things would designate the uniform, insignia, etc., and also authorized to revoke licenses of those nurses found guilty of wilful violations of such rules and regulations, and for other legal offenses.

5. Annual renewal of registrations with County Clerk and Department of Health.

6. The Commissioner of Health is authorized to provide the executive machinery necessary in carrying out the provisions of the act.

It has been suggested by the nursing associations that the R.N.s would have supported the Case Bill provided the State Board of Nurses had been charged with its administration.

As practical nurses “nurses attend and minister to the sick and afflicted under the supervision and direction of a legally registered physician,” and as they receive their instruction and experience directly from the same source, just where and how the R. N. comes in in the management of practical nurses, is beyond our comprehension.

Journal Michigan State Medical Society:

Having been asked to make a statement regarding my connection with the Practical Nurse Bill during the recent session of the legislature will say that the bill was not introduced at the suggestion of the State Board of Health but when submitted to the secretary of the Board it received his hearty approval. It was then submitted to Governor Sleeper, after warmly approving it Governor Sleeper declared it was a very important matter and should be made into a law.

After further careful consultation the bill was introduced in the House on March 20th and referred to the committee on Public Health.

A few days later I was invited to attend a conference with representatives of the Registered Nurses who had been called to Lansing to consider the proposed bill. In a friendly and informal talk, the bill was most severely criticised and the claim was made that the nurses themselves were planning for the very thing that this bill contemplated and they wished that the matter should not be pushed for the present.

I reminded them of the importance of proposition, that there was no occasion for any sort of competition between them and the suggested class of nurses, and invited them to co-operate with us in getting just the right kind of legislation in the matter. I also assured them that there would be opportunity for amendments and that it would not be pushed without a fair consideration from all concerned.

Further action was deferred until Governor Sleeper called on me in reference to the bill and strongly urged that it should be put through.

It was then getting late in the session, it seemed impossible to get the whole committee together to consider it. However, it was finally reported to the House with the recommendation that it should pass.

This was within a week of final adjournment, the committee had acted without a full membership present, there was not opportunity for giving it the consideration to which it was entitled and when the bill came before the House it was on my own motion referred back to the

committee, although knowing this action disposed of the matter for the session.

In the call for the Special Session, Governor Sleeper without suggestion from me included the consideration of this bill in his message.

With some changes it was again introduced and referred to the Public Health Committee. Notice was given that there would be a public hearing on the bill before the House and Senate committees. This hearing was attended by a large delegation of Registered Nurses and their representatives. Believing that this bill would make an appeal on its own merits I had made no provision for boosting and at the hearing was absolutely alone. On account of personal limitations the bill had had very little show against the persuasive influence and overwhelming opposition of the fair sex.

Besides the large lobby that was much in evidence during two days, it was evident that the mails and wires of the state had been used to advantage, for from many members I would be greeted with "What is the matter with the Nurses' Bill? I am getting a lot of telegrams and letters asking me to oppose it."

The day following the hearing the chairman of the Public Health committee reported the bill to the House without recommendation. Some member promptly moved to lay it on the table. This was done regardless of an appeal to permit the matter to come before the House on its merits. And so the matter was closed as far as the 1919 legislature is concerned.

The organization of Registered Nurses of Michigan will not deny that they were successful in blocking any legislation on this important matter. The proposition did not come before the legislature at all for action. Having deliberately defeated this effort to provide an adequate supply of certified nurses, let them now make good their definite promise to make provision for this need by some constructive and practical plan or leave it to the next legislature to make such a provision as it may seem best for the people of the State.

W. L. CASE

HOUSE BILL NO. 5.

Introduced by Mr. Case, June 4, 1919. Referred to the Committee on Public Health.

A bill to promote public health and to define the vocation of practical nursing; to provide for the ex-

amination, regulation, licensing and registration of practical nurses and prescribing the duties of the State Department of Health in relation thereto and to repeal acts and parts of acts in conflict therewith.

The People of the State of Michigan enact:

Section 1. For the purposes of this act the term "registered practical nurse" shall be deemed to include any person who, for hire or reward, nurses, attends and ministers to the sick or afflicted under the supervision and direction of a legally registered physician, but shall not be deemed to include nurses registered under act number three hundred nineteen of the Public Acts of nineteen hundred nine, as amended, and practicing and known as "registered nurses."

Sec. 2. On and after the first day of April, nineteen hundred twenty, all men and women engaged in the practice of professional nursing, including obstetrical nursing, other than as registered nurses, under section one of this act, and all who wish to begin the same in the State, except as herein provided, shall make application to the State Department of Health to be registered and to be furnished a certificate of such registration. This registration and certificate shall be granted to such applicants as shall give satisfactory proofs of being nineteen years of age, of good moral character and of having received the equivalent of a recognized grammar school education, and who shall successfully pass the examination hereinafter provided for.

Provided: That the State Department of Health shall from time to time set a standard of professional education for practical nurses under this act, which may include courses in recognized training schools for nurses, of not less than a three (3) months' course or greater in length than a school year, or it may set some other suitable educational course for practical nurses, other than a hospital course, or one or both of such courses, either separately or together. The recognized completion of aforesaid course or courses shall be held necessary for admittance to the examination provided for in Section Number 3 of this act.

Sec. 3. It shall be the duty of the State Department of Health, at least semi-annually and oftener if necessary, at such times and places as it shall designate, to hold an examination for registration for practical nurses, as provided by this act. Such examination shall be either written or oral, and upon such subjects and by such examiner or examiners as shall be determined by said department for such examination, and shall embrace the subjects usually taught in approved schools of nursing.

Sec. 4. Any applicant, at least twenty-one years of age, of good moral character, and who has not been convicted of a criminal offense, and who has pursued as a business the vocation of nursing for a period of not less than five years immediately prior to the taking effect of this act, and who presents to the department sufficient proof that he or she is competent to give efficient care to the sick under the direction of a competent physician, and a certificate of recommendation signed by at least two registered physicians, testifying to the applicant's character and ability as a professional practical nurse, shall be entitled to registration and furnished with a certificate without examination: Provided, That no nurse shall be registered under this section unless applica-

tion for registration shall be made within one year after this act becomes operative.

Sec. 5. Every applicant for registration under this act shall pay a fee of five dollars upon filing his or her application. Upon the issuance of a certificate of registration each nurse shall cause a certified copy thereof to be filed with the county clerk of the county in which said applicant resides, with an affidavit of his or her identity as the person to whom the same was issued, and his or her place of residence at the time of the examination and registration. The county clerk shall charge fifty cents for registering such license. Such certificate shall be renewed annually upon application to the Department of Health, the fee for such renewal to be one dollar. All fees collected by the Department of Health shall be paid over to the State Treasurer and credited to the general fund.

Sec. 6. Any person who shall have complied with the provisions of this act and received a certificate of registration shall be styled and known as a "registered practical nurse," and be entitled to append the letters R. P. N. to his or her name.

Sec. 7. Any person properly registered under the provisions of this act shall, before entering any service in that capacity, furnish a certificate of good health from a properly registered physician, issued within ninety days from the date of presentation, showing that he or she is free from tuberculosis or any specific or infectious disease. Such certificate shall be renewed semi-annually.

Sec. 8. Any person who shall, after the taking effect of this act, practice professional nursing without first complying with the provisions of this act, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not more than two hundred dollars, or by imprisonment in the county jail for a period of not more than ninety days, or by both such fine and imprisonment for each offense. This section shall not apply to professional nurses registered under act number three hundred nineteen, Public Acts of nineteen hundred nine, as amended.

Sec. 9. When any person shall append the letters R. P. N., or shall use any other letter, figure or sign to indicate that he or she is a registered practical nurse, it shall be prima facie evidence of practicing professional nursing as a registered practical nurse without the meaning of this act.

Sec. 10. This act shall not apply to the gratuitous nursing of the sick by friends or by members of the family. It shall not be construed to interfere in any way with religious communities having charge of hospitals or those who care for the sick in their own homes.

Nor shall it apply to non-professional nursing and to those who do not hold themselves out as professional nurses or as qualified nurses registered as practical nurses under this act, nor shall Section 1 of this act apply to obstetrical nurses registered under this act, who attend and nurse women during confinement, when no physician is in attendance or in charge of the case.

Sec. 11. The Department of Health shall have the power to revoke any certificate issued by said department in accordance with the provisions of this act, for the following causes: Gross incompetency, violation of the provisions of this act, violation of the published rules and regulations of the department,

dishonesty, habitual intemperance, or the commission of any act derogatory to the morals or standing of the profession of nursing, as may be determined by the department: Provided, The department may revoke the certificate of any person registered under this act, granted upon mistake of material fact, or by reason of fraudulent misrepresentation of fact, or the certificate of any one guilty of a criminal offense created by or embraced within the provisions of any state, provincial, territorial or federal act, in the United States, or in any foreign country, when such criminal offense shall have been legally established in a court of competent jurisdiction: Provided further, That such revocation shall be made only upon specific charges in writing, under oath, filed with the secretary, a certified copy of such charges and thirty days' notice of the hearing of the same having been personally served upon the holder of such certificate. Said department shall be authorized to furnish a list of the names and addresses of those whose certificates have been revoked to the board of examiners of other states upon the written request of such board.

Sec. 12. It shall be competent for any training school for nurses, now or hereafter established, to accept candidates for training as practical nurses, the course of instruction and length of time for the completion of such course for such training to be prescribed by the Department of Health. The establishing of such training classes in any school for nurses shall in no way prejudice the standing of such school as a training school of registered nurses.

CHIROPRACTORS SO-CALLED AND THEIR BILL.

The ever present chiropractic bill was introduced in the House last session by Representative Newman Smith of Detroit. Like unto its predecessors, it went into the discard early in the session, the credit for its early demise being due to Representative (Dr.) John W. Moore, Atlantic Mine, of the Health Committee of the House, who acted for the State Society in the absence of its Legislative Committee.

The bill defined chiropractic to be the "Science that teaches that disease results from atomic disrelation, and teaches the art of restoring atomic relation by a process of adjusting by the use of the hand or other mechanical manipulation." From the standpoint of being able to *see, feel* and *appreciate* chiropractic, the definition appeals to us as correct, but the mechanical division of an atom was not in the chemistry of our day.

A provision of the bill provides for the registration of chiropractors who were registered by the State Board of Registration in Medicine under the "drugless healers" provision of the

1913 Medical Act. As no "chiropractors" were registered as such by the Medical Board, we are at a loss to understand the purpose of the provision.

The chiropractors threaten to re-introduce this bill at the 1921 Session of the Legislature, but Representative Moore states that he will have erected in a conspicuous spot on the Capitol grounds, a picture of a little red schoolhouse. He anticipates this will shoo them off, as it is generally admitted that chiropractors have no love for education and its methods.

If the Board had already registered chiropractors, why was it necessary to register them again, unless the \$10.00 registration fee was the incentive for dual registration?

The bill also provides that "chiropractors should be authorized to "use or prescribe anti-septics for purposes of sanitation and hygiene to prevent infection and contagion." This provision represented the usual "joker" present in bills of this kind. In as far as permitting the use of drugs and other material remedies, the sky was the limit in this section, and would have given chiropractors an equal status with registered physicians.

VICTOR CLARENCE VAUGHAN, JR.

The July *Journal* contained an obituary notice announcing the accidental death by drowning of Victor Clarence Vaughan, Jr. who was still serving as an officer of the Medical Corps with our Expeditionary Forces in France—a service abroad of more than two years. While the writer is yet uninformed as to the details surrounding his death, he feels that a fuller record of the deceased's professional life should be recorded. Still that may hardly be necessary for his association with the activities of our Society and members was so intimate that we all are familiar with that which he had accomplished and which created such an enviable position for him in our medical sphere of Michigan.

Forty years of age, graduate of the Medical Department of our University in 1902, Profes-

sor of Preventative Medicine and Associate Professor of Medicine in the Detroit College of Medicine and Surgery, Member and Fellow of all our recognized Medical Organizations, Past President of our Anti-Tuberculosis Society, active and pioneer mover in the anti-tuberculosis work in this State and Nation, a specialist in diseases of the chest, and over and above all an internist and man receiving the respect and held in esteem by all who knew him—these were the salient characteristics that created for him a foremost place in our professional life in this State.

We feel no need for enumerating in detail the achievement he wrought. We feel that the positions he occupied and the manner in which he executed his work, has indeliably recorded his successful career, now terminated just when he was in the mid-day of life. Inspired by a father, who is beloved by all, Victor C. Jr. gave rich promise of emulating and attaining a like relationship to the doctors of Michigan.

We may ponder over and endeavor to seek the reason why with such a brilliant career and so much need for his services still existing, his activity should now be terminated and his book of life closed. We cannot quite reconcile ourselves to these decrees of life or fathom its meaning.

Victor Clarence, Jr., rests physically alongside our other heroes who went forth and made the Supreme Sacrifice on French soil. His soul, we know, rests in that peaceful "Somewhere" of sunset and dreams. His influence, his life activity, his fellowship, his leadership has not terminated but rests in our souls, is reflected in our lives and through us, as we revere his memory, will continue to exercise a beneficent influence for good such as he inspired in person and in deed.

No word, no act or record of tribute of ours can assuage the wound inflicted upon his wife, father and brothers. Time alone can bridge that gaping debridement. However, we assure them of our hearty sympathy and bless them that though "Claire" will not return, such a sweet memory is theirs to conserve and reflect upon.

F. C. W.

Editorial Comments

The minutes of the Annual Meeting are contained in this issue. We invite your attention and urge a careful reading of them. During the succeeding issues all the papers that were read and the discussions that followed will be published. These are all timely and valuable articles. They are going to help you in your work. When the Journal reaches you don't toss it upon the "old pile," tear off the wrapper and read it from cover to cover, including the advertisements, for its going to be more than worth your while to do so.

Under Original Articles in this issue we are publishing the entire proceedings of the Section on Public Health that was held in Detroit as one of the Sections of our State Meeting. We are giving special space to this report and the discussions engaged in. We are firm in the opinion that the problem of Public Health, is the foremost one that confronts our profession in America today. Splendid as has our progress been there still remains much to be done in the way of educational propaganda and the enactments of definite plans of administration. Michigan has been in the fore rank of this movement but the time is here when it must advance to the foremost rank. It is not an impossibility and with our good fortune of having in our State such leaders in Public Health Work as Vaughan, Kiefer, Olin DeKleine, Rockwell, Slemons and the Health Officers of various communities, Michigan through its profession can readily assume a leading role in the National Public Health Campaign. With the rules of right and healthful living still fresh in the minds of our returning soldiers, with a public cognizant of what health measures accomplished in the army and in cantonment communities the time is here for an aggressive campaign. The Journal tenders its pages to support such a movement and urges every member to become actively active in his community and subscribe his support.

Yes it's hot and those of you who went through a hard winter of work deserve a little play time and easing-up "while those who have or are returning from the service are entitled to a breathing spell to get used to "civies," rest their saluting arm, dust out the office and inspect their surroundings. Nevertheless there is one thing that must not be lost sight of and that is Our State Society and its component County Societies. We are in a reconstructive atmosphere and as doctors we are particularly interested in reconstructive medicine, medical practice, regula-

tion and organization. It devolves upon each individual doctor to determine the degree and scope of this reconstructive work insofar as it pertains to his profession and his greatest influence can only be exercised effectively through his county society. To that end then it is now that each County Society should rise to the occasion. We urge that this become the subject for a special summer meeting so that definite plans may be formulated for our fall and winter work.

We invite County Secretaries to present us with the problems that confront them. By taking up these matters with the Council it is possible we may aid you in solving them. Try it, we are ready to help.

Our adjustment to civic life and practice is not yet complete. We are endeavoring to shake the military viewpoint but in the meantime we request a tolerance of temporary duration, for any army traits that may unwittingly creep in our administrative work.

Material changes are occurring in every avenue of life—business and professional. Some of them arise from external conditions; others are introduced internally. It is important that these changes be controlled as much as possible by the business or profession affected. The directing and controlling force for our profession is dominated by the County and State Societies. To control forced changes and to initiate others demands careful consideration of fundamentals, and a fresh analysis of our capacity to fit into the new order of things. And after all is said and done the most valuable and enduring asset is good will. With the recognition of our reconstructive movements by the public and the support composed of the good will of the public and the profession amongst themselves no obstacle can bar, obstruct or nullify our organized efforts in Michigan. It then becomes our paramount duty to cultivate and secure this good will in amongst ourselves and the public at large.

The Journal is only possible by reason of the funds secured from our advertisers. Without that income the present day cost of publication would make it impossible to issue a Society Publication without an additional assessment of at least five dollars per member. The size and features of each issue is governed to a large extent by our advertising sales. Our advertising sales depend upon the patronage conferred upon advertisers.

The Victory Number of the Journal has evoked many favorable comments and congratulations

from both medical and lay publications. Until one becomes conversant with the large amount of labor entailed in getting out such a issue it is impossible to realize the hours that were devoted to the editorial work.

Every effort was made to secure and incorporate in that issue the picture of every member of our Society who was in the Service. To secure them correspondence was entered into with County Society officers, families of members and local committees. Requests were repeatedly sent and perseverances in repeating these requests for photographs. This was started in January and kept up to the very hour of going to press.

In spite of this persistent effort the photographs of many members who were in the Service were not secured. This is our only regret. It is tempered by the fact that everything was done to secure them and the inability to do so was through no fault or neglect of Dr. Welsh.

As it is, an unpayable debt is due to Dr. Welsh for his efforts in turning out the biggest and most historical medical publication ever produced in Michigan. The Society acknowledges its obligation to Dr. Welsh.

In reading the minutes of the Annual Meeting we note that the tendering of the members' thanks to the Detroit profession for their hospitality and labor in caring for the members' comforts and needs was overlooked. We are sure that each one in attendance was duly appreciative and experienced the cordial hospitality of the Detroit profession. We are not informed who were Detroit's most active workers in the matter of arrangements but we are sure that, while not formally recognized, their efforts did not pass unnoticed. By virtue of the authority vested in him, President Baker directs that we extend to the Detroit profession the Society's cordial appreciation and hearty thanks for their untiring efforts before and during our 1919 Annual Meeting and to record this sentiment in the Journal. *Gracia tante*, to you Detroit members.

Any members knowing of desirable locations or partnerships that are open for Doctors are invited to send such information to The Journal. We are receiving quite a few inquiries as to where desirable locations may be found.

Yes, we are back home and in "civies" again and mighty glad for it. To attempt to impart the many thoughts and experiences that our foreign service inspired would involve too much space. So we have concluded to make no further comment. The war is past, now let's all dig in

and build up a strong organization and materially benefit each other. It's up to us individually to keep our State Society and profession in the front ranks of medical activities in this Country.

We cannot foretell your individual or community needs, or your preferences as to organizational work in your county and district unless you impart them. So we invite you to communicate with our President, Dr. C. H. Baker, Bay City, or with your Secretary. If you wish to have your letter published send it to the Journal. What we are after is to find out what you want. It is only by knowing your needs, that your Society can be of service to you. So come across and tell us and we will do our best to bring about the desires of the majority of our members. In a personal communication our President writes that: "I am ready and willing to spend time, labor and money to revive and create new interest in our State Society." With such a splendid spirit it is only fair that you too put your shoulder to the wheel and enable him to complete a banner year of organizational activity. We must lose no time in starting the work.

In purchasing almost any commodity the sky seems to be the limit when it comes to cost. It is going to cost almost 50 per cent. more to publish the Journal this coming year. To break even we must hold our present advertisers and secure additional ones. To hold the ones we have you must patronize them. To secure additional ones we must find each member plugging for the Journal and sending us an advertiser whenever he can. It is only in this way that we can avoid a deficit or the need of increasing our dues.

The following resolution was passed at the Annual Meeting of the Texas State Medical Society. Does a like condition exist in Michigan? If so, may we not well emulate Texas' example?

Whereas, Many physicians who entered the Army during the recent war gave up positions with industrial concerns from which a part of their incomes were derived, and,

Whereas, In some instances physicians who have succeeded them during their absence are still holding their positions and have shown no inclination to resign and make way for the returned soldier, therefore, be it

Resolved, By the Board of Councilors that it is the sense of their board that such conduct does not exhibit the proper consideration for the soldier who, for patriotic reasons, abandoned every financial interest necessary to enter the service to protect the life and property of all who remained at home; and be it

Resolved, further, That all county societies take cognizance of such ungrateful and inconsiderate conduct and use their full influence in bringing pressure to bear upon both the physicians in question and the employing industrial concerns, to induce them to restore the returned soldier to his former position.

A public hearing was given the chiropractic bill in the Senate Chamber at Lansing, March 17, last. Chiropractors from Detroit and elsewhere in the state, and their attorney supporters, were out in force in support of the bill, while the osteopaths of the state were well represented in opposition. The State Medical Society was not represented. The osteopaths' main argument in objection to the bill was the claim that chiropractic was stolen osteopathy. The entire absence of proper educational standards, the principle of the protection of the public against fraud and incompetence, and the "joker" contained in the bill permitting chiropractors to practice any kind of medicine under the guise of preventing infection and contagion by the use of antiseptics, did not seemingly appeal to the osteopaths as reasons for its defeat.

Dr. Augustus S. Downey, of the New York Board of Regents, whose reputation as a fighter of similar bills in the New York Legislature is national, and who was an interested spectator of the hearing, writes:

"The osteopaths wanted me to appear against the chiropractic bill, but I told them that I did not come out there for that purpose, and that we had troubles enough of our own in New York without my meddling with the chiropractors of Michigan. I quite agree that the osteopaths made a very poor showing. I heard some of their arguments and they really talked their cause to death. I sat in the Assembly Chamber just long enough to see that they were killing their own goose and that the chiropractors had by far the better of the argument. Then I left, for fear I might be drawn into the controversy."

In view of the above, Representative Moore's quick and effective strangulation act in the Committee on Health is most commendable.

He received very material aid from the Chairman of the Committee, Hon. Franklin Moore of St. Clair.

Deaths

Dr. Harry Pepper, of Detroit, died suddenly June 8th at Union City. The doctor was 36 years of age. Cause of death myocardial disease.

State News Notes

COLLECTIONS.

Physicians' Bills and Hospital Accounts collected anywhere in Michigan. **H. C. VanAken, Lawyer**, 309 Post Building, Battle Creek, Michigan. Reference any Bank in Battle Creek.

MEDICAL RECIPROCITY WITH ONTARIO

At a meeting of the Educational Committee of the Ontario Medical Council (the provincial medical licensing body), held in Toronto, June 25th, a special committee was appointed to take up the subject of medical reciprocity between Ontario and Michigan. In connection with the above the Ontario license of Major J. J. Walters, a graduate of Toronto University, and a member of the Ontario Medical Council, has been indorsed by the Michigan board as a "starter."

It may be remembered that in 1902, shortly after medical reciprocity had been pronounced an impossibility at the meeting of the American Medical Association at St. Paul the previous year the Michigan board indorsed the medical license of a Wisconsin licentiate—the first medical license indorsed through reciprocity in the United States or in any other country. The policy of the board at that time was, and is to-day, "Let's do it, not talk about it." To-day forty states are in the reciprocating column. The Canadian provinces are also reciprocating one with the other; and the various professions and near professions in the several states, including dentists, pharmacists, attorneys, optometrists, osteopaths and nurses, are all reciprocating upon the basis of qualification 1 and 2, the original fundamental indorsement formulae upon which the first reciprocity license was issued by Michigan.

OFFICIAL CEMETERY.

The wife of a Detroit policeman who was killed over a year ago through the criminal carelessness of the son of a wealthy father, and who at the time was arrested for manslaughter, has asked Prosecuting Attorney Bishop, recently appointed to succeed the late Charles H. Jasowski, the reason for the delay of over a year in the prosecution of the case. The prosecutor found that the case had been "officially buried" along with some fourteen other cases, all criminal ones, during the term of his predecessor in office.

Assistant Prosecutor Speed in a public explanation states that at a meeting held in his office at which the widow and the father and son were present, an offer for settlement by the payment

of a sum of money to the wife of the victim was proposed, and he had supposed the case had been settled amicably by the parties involved in the criminal case.

From the above case in view, are we to understand that criminal cases are subject to financial adjustment in the office of the prosecuting attorney of Wayne County?

It would seem so on the surface at any rate, and what about the other fourteen cases reported by the new prosecutor found "officially buried."

Warrants during the past year have been sworn to against "get-rich-quick" medical fakers and medical "holdup artists" in Detroit with the result in many instances after weeks and months of attendance in police and other courts of witnesses, followed by adjournments without seemingly any reason for same, the cases have completely disappeared without notification and without explanation of any kind or degree. Occasionally one is informed, after frequent inquiry, that a case has been discontinued upon advice of the prosecutor, the reasons given being in most instances, lost, removed, disappeared or dead witnesses.

We are pleased to learn through the press that Prosecutor Bishop has promised a "housecleaning" in the near future. We know of no place more in need of the proverbial "new broom."

Hon. Merlin L. Wiley, A.B., L.L.B., University of Michigan, 1904, representing Chippewa County in the Legislature, and author of the Wiley Bill which was passed by the 1917 Legislature and put Michigan in the dry column, is a candidate for nomination on the Republican ticket, 1920, for the state office of Attorney General.

The Supreme Court upheld the Wiley Bill in all of its provisions, and made many complimentary remarks involving the ability of its author.

Representative Wiley, together with Attorney General Groesbeck, drew up the Lemire Utility Bill, which passed the Legislature after it had rejected many other proposed bills covering the same matter.

Attorney Wiley would make an ideal Attorney General, and medical legislation and the proper and effective enforcement of medical laws covering violations, and allied laws, would receive his most earnest attention.

Hon. Leland W. Carr, of Ionia, Assistant Attorney General during the past eight years, and who has had charge of the legal business in connection with the State Board of Health and the Board of Registration in Medicine, has been appointed Deputy under the Commissioner of Highways,

the salary of which is six thousand a year. It is one of the most important of the official positions in Michigan, and we congratulate Mr. Carr and the people of the state. No attorney in Michigan stands higher from the standpoint of faithful service, legal attainment and success.

Mr. Carr is rightly considered an authority in cases in which medico-legal questions are involved.

Two State Board examinations were held in Detroit this year, the first on February 19-20, at which 28 candidates wrote on the Final.

The second examination, held June 17, was for Primary candidates only, 51 students from the Detroit College of Medicine and Surgery taking the examination.

The examinations were held at the Hotel Tuller, the usual place.

A State Board examination for license was held at Ann Arbor, March 17-19. Seventy-one applicants wrote on the Primary (first two years), and 48 on the Final. The Finals received their degrees at a special Commencement, March 20.

An additional examination was held by the Medical Board, June 10, 11, 12. Twenty-eight applicants appeared for the Primary, and eleven wrote on the Final. The latter represented those students who did not as a war measure continue their courses from July, 1918, without the usual vacation period.

Within the past two years, owing to the scarcity of labor and the large number of foreigners returning to their native countries, Detroit has become the mecca for the negro race residing south of the Mason and Dixon line, to the extent of some thirty thousand additional colored population of the laboring class. Following this incursion, increased numbers of colored physicians are seeking registration in Michigan.

Dr. John W. Moore, Atlantic Mine, who represented Houghton County in the Legislature this session, was one of the most popular members of the House, and deservedly so. His influence for good was far-reaching and his return to the Legislature of 1921 assured beyond doubt. His friends, who are legion, are suggesting him for Lieutenant-Governor, and some of the far-seeing ones as Governor, at no distant date.

Senator Wm. A. Lemire, M.D., Escanaba, was one of the most influential members of the Senate this last session.

As Chairman of the Health Committee, he was largely responsible for the success of health legis-

lation, and he deeply regrets that he was unable to "swat" the chiropractic bill, on account of its early demise in Committee of the House.

Members of the State Board of Registration in Medicine: Dr. Arthur M. Hume, of Owosso, to succeed himself; Dr. Frank Kelly, of Detroit, to succeed Dr. Enos C. Kinsman, of Saginaw; Dr. Duncan A. Cameron, of Alpena, to succeed himself; Dr. J. D. Brook, of Grandville, to succeed Dr. F. C. Warnshuis, of Grand Rapids; Dr. A. L. Robinson, of Allegan, to succeed himself.

Isidor M. Cherniak, M.D. (Detroit College of Medicine and Surgery, 1917), practicing medicine in Windsor, Ontario, recently convicted of the illegal prescribing of whisky, has had his license revoked by the Ontario Medical Council.

Those who knew him will regret to learn of the death of Dr. Abraham Jacobi of New York. An ex-president of the A.M.A., pediatrician of international repute and a lovable man who attained the ripe age of 89.

Dr. F. N. Martin and Miss Ethel Ladimer of Baltimore, Ohio, were married June 12. They will reside in Benton Harbor.

Branch County Society held its seventh annual picnic at Marble Lake on July 15th. Every one reports a good time. There is no reason why every Society should not have a similar outing.

Dr. Albert H. Barrett has accepted the appointment as Chief of the Out Patient Neurological Service, Harper Hospital and will be permanently located in Detroit.

Detroit seems now to have a Prosecutor who is making "Quack Doctors" uncomfortable. We are pleased to note he is ridding Detroit of these fakers.

Attention is called to the advertisement of the Upper Peninsula as a resort for those who suffer from Hay Fever.

Someway or another we are not receiving sufficient news items. Won't you send us your local happenings for publication and record?

The Clinical Surgical Congress will be held in New York during the last of October.

Dr. A. J. Brower, formerly of Greenville, has located in Flint.

COUNTY SOCIETY NEWS

It is the Editor's desire to have this department of the Journal contain the report of every meeting that is held by a Local Society. County Secretaries are urged to send in these reports promptly

GRATIOT-ISABELLA-CLARE COUNTY.

The June meeting of the Gratiot-Isabella-Clare County Medical Society was held in the Wright house in Alma Thursday, June 19, at 2 p. m. Dr. J. A. Bruce of Saginaw was the guest of the day. The doctor read a paper entitled "Newer methods and older problems" which was a most interesting discussion of focal infections. The paper was timely, and was made more impressive by case histories of actual cases the doctor had encountered in his own practice. The paper was discussed by nearly every one present. After Dr. Bruce left on the 4 o'clock train the usual order of business was taken up.

E. M. HIGHFIELD, Secretary.

SANILAC COUNTY.

Sanilac County Medical Society met at the Court House, Sandusky, July 16th, for the purpose of revising the County Fee Bill. President, Dr. J. E. Campbell, Brown City, presiding.

The following Fee Bill was adopted and to take effect Aug. 1st, 1919: Day calls in city 7 a. m. to 7 p. m. \$2 up. Night calls in city 7 p. m. to 7 a. m. \$3 up. Day calls in country 7 a. m. to 7 p. m.: First mile \$2; second mile \$1 extra, each additional mile 50c. Night calls in country one-third more than day rates. Obstetrical fees \$20 up. Reducing fracture of femur \$50 up. Reducing fracture of tibia or fibula \$25 up. Reducing fracture of humerus \$25 up. Reducing fracture of radius or ulna \$15 up. Deliverations to be charged at same rates as fractures. Office calls, minimum charge \$1.

Following the meeting Dr. (Major) J. C. Webster, gave a very interesting talk on "His Personal Experience in the Army Over Seas."

The next meeting of the Society will be held at Brown City Wednesday, September 3rd at 2:30 p. m. and some outside talent will be invited to entertain us.

J. W. SCOTT, Secretary.

Book Reviews

THE HIGHER ASPECT OF NURSING. Gertrude Harding. 12 mo. 300 pp. Cloth, \$2.00 net. W. B. Saunders Co.

This volume should be made a part of the prescribed reading course of every nurse in training as well as a guide to every graduate. The work imparts the author's many years of personal study and experience in training schools. The time has come when nurses must possess more than technical training; she must cultivate a character and a morale. The author has imparted in plain, definite language the desirable features of a nurse's character and how she can attain those attributes. It is a splendid discussion and should go far to enhance the higher aspects in nurses if training school officers will insist upon having their pupils familiarize themselves with and practice daily its teachings.

RECONSTRUCTION THERAPY. William Rush Demton, Jr., M.D. Illustrated. W. B. Saunders Co.

This is a timely discussion of a subject that is now foremost in many minds. It is applicable not only to the injured but also to those who are physically and mentally sick. A splendid bibliography is incorporated in this instructive work.

AN OUTLINE OF GENITO-URINARY SURGERY. George Gilbert Smith, M.D., F.A.C.S. Cloth, \$2.75 net. W. B. Saunders Co., Philadelphia.

As its title indicates this is an outline presenting the important points in symptomatology and pathology of genito urinary diseases with a like outline of treatment and surgical procedures. It is based on the authors experience in private work and in his service in the Massachusetts General Hospital. Each chapter ends with a selected bibliographical reference that greatly enhances the volume's value.

Well written, splendid illustrations. We find it to be a modern valuable text that will be found a splendid aid to every doctor.

THE PERITONEUM—Its Structure and Function in Relation to the Principles of Abdominal Surgery. Arthur E. Hertzler, M.D., F.A.C.S. 2 volumes. Cloth, price \$10.00. C. V. Mosby Co., St. Louis, Mo.

This exhaustive study and research report is based upon the author's twenty-five years of surgical practice and thus while not lessening its scientific merit, still it incorporates the practical with the theoretical. The first volume is devoted to the consideration of the abstract problems and in the second we find the practical viewpoint.

He who engages in abdominal surgery must be conversant with the role the peritoneum plays in all the pathological conditions of the abdomen and in the surgery applied. We know of no other work that covers the subject so thor-

oughly and in such an understandable manner. Clear in diction, excellent in illustrative features and splendid typographical compilation one is confronted with a timely and valuable addition to one's library. Plentiful references to literature adds to its value. The chapter on tuberculous peritonitis is especially well covered.

We predict a very cordial reception of this work to the compiled medical literature of the profession.

CLINICAL MICROSCOPY AND CHEMISTRY. F. A. Me-Junkin, M.A., M.D. Cloth, \$3.50 net. W. B. Saunders Co.

An ideal compilation of chemical and biological laboratory methods. A work that at once appeals for it is going to systematize the laboratory work of the general practitioner. It is a reliable manual, fully up to date and practical in every detail.

TRAINING SCHOOL METHODS FOR INSTITUTIONAL NURSES. Charlotte A. Aikens. Cloth, \$2.25 net. W. B. Saunders Co., Philadelphia, Pa.

This work from the pen of such a well-known author on Nursing subject scarcely calls for any review as its writer has long since gained a reputation as a recognized authority.

This volume must be in the hands of every training school executive. It is a splendid outline and discussion of training school courses and methods of instruction.

THE HEALTH OFFICER. By Frank Overton, M.D., D.P.H., Sanitary Supervisor, N. Y. State Dept. of Health and Willard J. Denno, M.D., D.P.H., Medical Director of the Standard Oil Company. Octavo of 512 pages with 51 illustrations. Philadelphia and London: W. B. Saunders Company, 1919. Cloth \$4.50 net.

Here we have imparted that information which the average health officer must have to discharge his duties. It tells him, why, what and how to do his work and the activities he should engage in, etc., etc.

The day is past when a health officer is only supposed to tack up quarantine signs. We recommend this volume most enthusiastically.

SYMPTOMS OF VISCERAL DISEASE: A Study of the Vegetative Nervous System in Its Relationship to Clinical Medicine. Francis Marlon Pottenger, A.M., M.D., F.A.C.P. Cloth, price \$4.00. C. V. Mosby Co., St. Louis, Mo.

The author of this monograph interprets, as far as possible, in terms of visceral neurology, symptoms which are found in everyday clinical observations of visceral disease. He who studiously reads its pages is going to be materially aided in better understanding the symptomatology and diseased conditions of his patients. Likewise he will more clearly understand and interpret the clinical phenomena.

The author is too well known to call forth any other comment upon the value of this volume.

It is a distinct addition to our literature and will inspire more exact examination of patients.

GERIATRICS: A Treatise on Senile Conditions, Diseases of Advanced Life and Care of the Aged. Malford W. Thewlis, M.D. Cloth, price \$3.00. C. V. Mosby Co., St. Louis, Mo.

Too long have we neglected giving detailed attention and treatment to our patients entering the "old age" period of life. This was often so because we were really at loss as to what to do. In this volume we are presented with many valuable points, suggestions, treatments and directions that will enable us to direct intelligent treatment in senile conditions and so enable us to lessen the discomforts of the aged.

ARMY MEDICAL CORPS KEEP EFFECTIVE 93¾ PER CENT.

Out of 195,000 wounded, 182,000 have recovered. Work blends with Red Cross in many ways.

The record of the Army Medical Department in despatching its duties of war stands out in bold relief as one of the greatest accomplishments in the records of medicine. It was the role of the Red Cross to supplement this work and all activity relative to the preservation of the life and health of the fighting men had its Red Cross phase. The Medical Corps and the Red Cross are non-combatant branches of the mobilized forces of the nation, but together, in the great war they waged the longest, hardest, biggest battle of the war; one, in fact, that is not yet ended, and one by which the lives of those 195,000 wounded Americans were ransomed. Of this number 182,000 have recovered.

RECORD OF DISEASES COMBATED.

Statistics show beyond all dispute that the American Army was the healthiest and cleanest army that ever fought. By far the greatest toll of deaths from disease was taken by pneumonia and influenza during the general epidemic that at the time was world wide. Deaths in the Army from this cause are placed at 8,000. There were only 1,000 cases of typhoid, fifty of which were fatal; venereal cases never exceeded 4 per cent., an exceedingly low figure in an army in the field. Dysentery was present at one time, but this was checked before it reached the epidemic stage.

When the American troops arrived in France there was great difficulty in securing hospital space and the first wounded found themselves housed in all manner of buildings, from choice edifices of imperial foundation down to humble and none to clean municipal halls in the French villages. There were, at the close of the war, 153 base hospitals, sixty-six camp hospitals, and twelve convalescent hospitals in France alone. One of the best known hospitals was that estab-

lished in the Ecole de la Legion d'Honneur, at St. Denis, quite close to Paris, where many of the wounded from Chateau-Thierry were brought.

IMPROVISING YANK HOSPITALS.

The great Haviland china factory at Limoges was turned over to the Americans for hospital purposes and the library of Orleans was stripped of 100,000 books to make room for the narrow cots and operating tables. In Vichy, hospitals were established in eighty-seven hotels, while several other hostelrys were similarly converted in and around Vittel and Centrexeville. Two of the outstanding features of American hospital work in France were the great hospital centers such as Mesves with 25,000 beds and the mushroom 1,000-bed "Type-A" hospitals, that standardized all American-built hospitals in France.

Summing it up, the Army Medical Corps and the Red Cross were able to keep 93¾ per cent. of the fighting forces effective for duty at all times and of the remaining 5.7 per cent. only 3.4 per cent. were incapacitated through disease. This is a record on which the Army and the Red Cross can look back with satisfaction.

NEGATIVE OR POSITIVE?

Is the gauze which you use on wounds of a negative or positive character? In other words, is the gauze merely negatively aseptic, meaning that it will not of itself infect the wound; or is it positively antiseptic, with the faculty of keeping out infection and of inhibiting infectious processes in the wound itself?

Given the choice of the two surely the latter, the one which is actively antiseptic instead of passively aseptic is to be preferred.

Such a dressing is Chlorazene Surgical Gauze, a new addition to the well-known Chlorazene family, supplied by The Abbott Laboratories of Chicago, Ill., which is now introducing it as "the fighting dressing for wounds." We who are familiar with the well-known action of Chlorazene, can well believe that it marks another step forward in the modern dressing of wounds.

Chlorazene Surgical Gauze, we are assured by The Abbott Laboratories, contains more than 5 per cent. of impregnated Chlorazene. This amount is guaranteed not only at the time of manufacture but also at the time of use. To support this they show that a strip of the gauze which assayed 6.44 of Chlorazene was kept under ordinary conditions for over six months and at the end of that time assayed 6.35, a loss of less than one-tenth of one per cent.

Chlorazene Surgical Gauze is now being marketed in one-yard and five-yard rolls. Its price

compares favorably with other antiseptic gauzes on the market. Its greater effectiveness due to the greater potency of Chlorazene over the substances commonly used as antiseptics should be taken into consideration.

Physicians are invited to try this new surgical gauze at the expense of The Abbott Laboratories. A post card or any other form of request for a trial strip will be taken care of promptly. We suggest sending for yours today.

NEW AND NONOFFICIAL REMEDIES.

Anti-Anthrax Serum-Lederle.—Marketed in packages containing one 50-Cc. syringe with bulb and sterile needle. For a description of anti-anthrax serum, see New and Nonofficial Remedies, 1919, p. 269. Schieffelin and Co., New York.

Antidysenteric Serum (Polyvalent)—Lederle.—Prepared from horses immunized against the Shiga, Kruse, Flexner and Hiss types of dysentery bacilli. Marketed in syringes containing 10 Cc. each with sterile needle. For a description of antidysenteric serum, see New and Nonofficial Remedies, 1919, p. 269. Schieffelin and Co., New York.

Paratyphoid Vaccine-Lederle.—Marketed in packages of three 1 Cc. vials, one vial containing 250 million each of paratyphoid bacilli A and B, while each of the other vials contains 500 million each of paratyphoid bacilli A and B. For a description of Typhoid Vaccine, see New and Nonofficial Remedies, 1919, p. 292. Schieffelin and Co., New York.

Tuberculin "B. F." (Bouillon Filtrate)—Lederle.—Marketed in vials containing 1 Cc. For a description of Tuberculin Denys, see New and Nonofficial Remedies, 1919, p. 280. Schieffelin and Co., New York.

Streptococcus Vaccine, Polyvalent—Lederle.—A streptococcus vaccine marketed in 5 Cc. vials containing, respectively, 50, 100, 200, 400 and 800 million killed streptococci. For a description of Streptococcus Vaccine, see New and Nonofficial Remedies, 1919, p. 291. Schieffelin and Co., New York.

Swan's Mixed Acne Bacterin (No. 41)—Marketed in 6-Cc. vials, each cubic centimeter containing 25 million killed acne bacilli and 500 million killed staphylococcus pyogenes albus. For a discussion of "Acne" vaccine, see New and Non-official Remedies, 1919, p. 296. Swan-Myers Company, Indianapolis, Ind.

Diphtheria Toxin-Antitoxin Mixture.—A far more durable immunity against diphtheria can be established with a mixture of diphtheria toxin and antitoxin than with antitoxin alone. The immunity

does not appear until a considerable period of time has elapsed, and hence the mixture is not applicable in an outbreak of disease. In general the over-neutralized mixture is preferred. Several doses are usually required to induce immunity. Only those persons who are positive to the Schick test need be immunized, and the progress of the immunization may be determined by the response to this test.

Mercurialized Serum.—A solution of mercuric chloride in normal horse serum diluted with physiological sodium chloride solution. Mercurialized serum is proposed for the treatment of syphilis, particularly the cerebrospinal type. It can be used intraspinally and intravenously.

Mercurialized Serum-Lederle.—A brand of mercurialized serum complying with the New and Nonofficial Remedies description. It is marketed as Mercurialized Serum-Lederle, Dilution No. 1 containing mercuric chloride 0.0013 Gm. in 30 Cc. and Mercurialized Serum-Lederle, Dilution No. 2 containing mercuric chloride 0.0026 Gm. in 30 Cc. Each is accompanied with an equipment for intra-spinal administration. Schieffelin and Co., New York. (*Jour. A.M.A.*, April 26, 1919, p. 1225).

Radium Treatment of Arthritis Deformans.—According to New and Nonofficial Remedies it has been claimed that radium emanation is of value in all forms of nonsuppurative, acute, subacute and chronic arthritis (syphilitic and tuberculous excepted), in chronic muscle and joint rheumatism (so-called), in arthritis deformans, in acute and chronic gout, etc. Its chief value is in the relief of pain. Curative results seem to be lacking. (*Jour. A.M.A.*, April 26, 1919, p. 1245).

Iodex.—Iodex is a black ointment marketed by Menley and James with the claim that it is a preparation of free or elementary iodine minus the objectionable features that go with free iodine. As a result of an investigation of Iodex made in the A.M.A. Chemical Laboratory, the Council on Pharmacy and Chemistry reported in 1915: 1. The composition is incorrectly stated; the actual iodine content is only about half of that claimed. 2. The action of Iodex is not essentially that of free iodine, although that is the impression made by the advertising. 3. The assertion that iodine may be found in the urine shortly after Iodex has been rubbed on the skin has been experimentally disproved. As the manufacturers of Iodex still persist in their claim that the product contains free iodine, the A.M.A. Chemical Laboratory has again examined Iodex. It reports that Iodex gives no test for free iodine, or, at most, but mere traces. (*Jour. A.M.A.*, May 3, 1919, p. 1315).

Tannin Albuminate Exsiccated-Merck Tablets, 5 grains.—Each tablet contains 5 grains tannin albuminate exsiccated, Merck. Merck and Company, New York. (*Jour. A.M.A.*, March 1, 1919, p. 653).